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ABSTRACT

This handbook for foster parents in Alaska provides a reference guide to foster care policies and procedures. Sections of the handbook provide information on: (1) placement and separation; (2) emergencies; (3) daily living; (4) medical care; (5) discipline; (6) financial matters; (7) transportation; (8) legal issues; and (9) various matters of concern, such as respite care, the process of relocating with a foster child, liability insurance, training, the foster parent grievance process, complaints regarding foster parents, licensing appeals, income tax information, discrimination, the Alaska Foster Parents Association, the National Foster Parent Association, a "Bill of Rights" for foster children, and a "Bill of Rights" for foster parents. A directory of regional offices is included. The concluding section provides forms used by both family services and youth corrections, by family services only, and by youth corrections only. Resources for Alaskan foster parents are profiled. These include Talkline, an informational referral network, the Alaska Foster Parent Training Center, and "Professional Parenting," a publication that provides news and information to foster parents, residential care facility staff, division staff, and others who work for the well-being of Alaska's children. (RH)

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Alaska Foster Parent Handbook

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Alaska Foster Parent Handbook

A ready reference guide to foster care policies and procedures

April 1989

Alaska Department of Health and Social Services
Division of Family and Youth Services

Editor's note

In most instances where the use of a single personal pronoun, such as *he, his, she* or *her,* is necessary in the text of this edition of the ***Alaska Foster Parent Handbook,*** we have chosen to use those pronouns that denote feminine subjects.

Of course, any and all personal pronouns in the book refer to subjects of either gender.

April 1989
Alaska Department of Health and Social Services
Division of Family and Youth Services
P.O. Box H-05
Juneau, Alaska 99811-0630

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Introduction
To Our Foster Parents

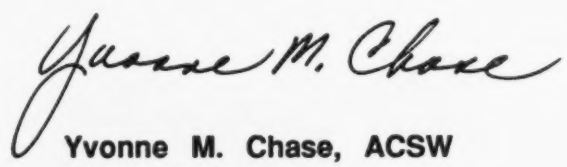
The introduction of the Division of Family and Youth Services' new publication, ***Professional Parenting,*** was the first in a series of steps by the division to provide current news and information to grantees and providers of services, including child residential care providers and foster parents.

The preparation of this edition of the ***Alaska Foster Parent Handbook*** marks the second step in our campaign to close the "communication gap." It also represents the completion of a combined effort by the division and you, the Alaska foster parents, to move this handbook from concept to reality!

From this edition forward, the division will print a revised handbook every two years. Any major changes that occur between printings will be highlighted in the pages of ***Professional Parenting.***

I want to acknowledge the special efforts of a number of foster parents, as well as board members of the Alaska Foster Parent Association, for the time and effort they contributed in reviewing the numerous drafts and for providing excellent comments and suggestions for changes. This has been a special effort, between and among colleagues!

I also want to acknowledge the division staff, both in the field and in central office, who put in extra time and effort to assure a quality handbook.



Yvonne M. Chase, ACSW
DFYS Director

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PLACEMENT/SEPARATION

WHEN A CHILD ARRIVES
- Questions you should ask when contacted about a placement
- Placement information you should receive
- During the child's time with you

WHEN A CHILD LEAVES
- How and when a child may be removed from your home
- Requesting removal of a child from your home
- Returning home
- Information for the next caregiver
- The child's belongings

WHEN A CHILD ARRIVES

Questions you should ask when contacted about a placement:

* Age? Sex? Ethnicity?
* Where has the child been in care? ...own home? ...foster home?
* Does the child have any ongoing medical problems?
* Is the child on medication? If so, where are the medications?
* Is immediate medical attention needed?
* Why does the child need placement?
* What does the child know about the reasons?
* How many different places has the child lived?

* Where and what kind of victimization has the child experienced? ...physical? emotional? neglect? abuse? sexual?

* Any known undesirable behaviors? ...anticipated behaviors and reactions to the move?

* Does the child have a history of bedwetting?

* What kind of contact with prior placement is possible?

* Parents and relatives, close friends--who are they?

* Are there any special conditions on visits? Anyone the child is *not* allowed to communicate with?

* What is the anticipated visitation schedule?

* What can be expected in family contacts and behavior?

* What was the parents' reaction to placement?

* Any scheduled appointments?

* What school does the child attend? Grade in school?

* Behavior and attitudes toward school?

* Sleeping problems? Eating problems?

* Religious affiliation?

Placement information you should receive

* Prior school enrollment and plan for record transfer

* Religious affiliation, if any

* Placement agreement forms (signed)

* *For infants*, particularly, but for all children:

    -previous schedule for sleeping and eating

    -favorite foods

    -allergies

* Authorization for emergency medical care forms (signed)

* Clothing inventory--needs determined and plan made

* Clothing voucher, if necessary/other belongings

* Medicaid eligibility status and plan for medical care

* Custody status/court hearing dates/case goals time frames/case plan

* Names of persons who can receive information about child, e.g., guardian ad litem, assistant attorney general, therapist

* Scheduled appointments

* Behavior description; suggested techniques for behavior management; behavior goals?

* Personal grooming (baths, haircuts, use of make-up, etc.)--is there any special information you may need?

* Parents' attitudes; child's feelings

During the child's time with you

Keep a log of the child's progress:

* developmental milestones

* behavior trends/successful and unsuccessful

* discipline techniques

* school problems and successes

Take *pictures* to go along with the child.

Contact social worker/probation officer at least once a month--discuss log notes.

Complete a quarterly evaluation and submit it to the Division of Family and Youth Services (DFYS). This evaluation will become an essential part of the division case file, and will assist DFYS in future planning for the child.

WHEN A CHILD LEAVES

How and when a child may be removed from your home

A child may be removed from your home for the following reasons:

1) at your request, when a death or illness in your family makes it impossible to provide foster care;

2) you have requested removal of the child because of her behavior;

3) the child is returning to her own home;

4) the child is moving to a permanent placement (other than your home);

5) the child's placement in your home is not meeting the child's needs;

6) DFYS has received a report of child abuse or neglect in your home, and makes a determination for the protection of the child (and for your protection) to remove the child until the investigation has been completed.

With the exception of numbers one (1) and six (6), the following procedures apply:

A. Preparation should begin at least two weeks prior to the termination of placement. The DFYS worker will take the following steps to prepare the child, the parent, and the provider:

1) Explain and discuss the reasons and circumstances for the intended move;

2) Acknowledge and provide help for any conflicting feelings about the change that the child or provider may have;

3) Include the out-of-home care provider in planning for the child's departure (not only the physical departure but preparation for the emotional separation that will occur).

B. Moving a child from one substitute care provider to another substitute care provider is only explored when it appears that the placement is not meeting the child's needs or when the care provider requests the child's removal. The following guidelines will be used by DFYS in either situation:

1) A team conference between the social worker, the foster care provider and the social work supervisor or probation officer will be held to discuss why moving the child is being considered. (The child and other relevant persons, i.e., guardians ad litem, treatment professionals, may be included if appropriate.)

2) During the team conference, other actions and options that could be taken to prevent the movement of the child will be explored and considered.

3) Documentation of the reasons for the move and what other options were considered will be made for the child's file and the licensing file by the social worker and the care provider.

Requesting removal of a child from your home

If the child is presenting problems, talk with the social worker/probation officer. If you request removal of a child, DFYS should remove the child *within 15 days* of your request. Because of the shortage of foster care placements, the DFYS worker may request that you work with them to maintain a child in your home for a period of more than 15 days after your request. Please attempt to work together with DFYS to arrive at a plan that is workable for you and, most importantly, for the child.

In emergency situations, you should contact DFYS immediately so that alternate arrangements can be made as quickly as possible.

Returning home

The actual moving of a child from the foster home is coordinated by the social worker/probation officer. Termination of placement is usually characterized by increased frequency and duration of visits between the child and his family. As a foster parent, you are responsible for helping the child prepare for his departure.

Information for the next caregiver

* Child's schedule
  - Eating and sleeping patterns
  - Likes, dislikes
  - Medications and information regarding schedule
* Log notes
* Appointments that are scheduled
* Your name and phone number (if you are willing to be contacted)
* Any comment about child's behavior, anxiety, goals, desires, etc.
* A summary of what you know of the child's physical condition and medical history

The child's belongings

If you have had the child for more than 30 days, it is expected that her wardrobe will adequately reflect the standards of the community and school. Anything you purchased for the child or the child purchased should go with her. Anything the child brought with her, and wishes to take, should leave with her. The child may have an emotional attachment to these items. If the child is removed from your home for emergency reasons or is a runaway, you should contact the social worker/probation officer to make arrangements for the child's personal belongings and clothing to be picked up if it is determined the child will not be returning to the foster home.

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EMERGENCIES

EMERGENCIES
SERIOUS ILLNESS
CRIMINAL ACTIVITY
ABSENCE OF CHILD FROM FOSTER HOME
PREGNANCY OF A FOSTER CHILD
DEATH OF A FOSTER CHILD
Foster parents
Parents
DFYS
Burial expenses

EMERGENCIES

When you contact the Division of Family and Youth Services in an emergency, tell the receptionist on duty or answering service that you have an emergency and need to speak to the social worker or probation officer, or the supervisor. An agency representative will get back to you. If you are located in a city where the division utilizes an answering service for their after hours and weekend calls, it is important that you stress to the answering service that you need to have contact with division staff as soon as possible.

Even though the child is entrusted to your care, DFYS continues to retain ultimate responsibility for the welfare of all children who have been placed in foster care by the agency. For this reason, you must notify the social worker/probation officer about all incidents that affect the well-being of the child, those including you and your family or the foster child herself. The following list defines *some* of the situations that are considered emergencies and which must be reported to DFYS immediately**:

* Death of a child in foster care;
* A serious illness or accident of the child requiring medical attention;
* Hospitalization;
* Emergency surgery;
* A missing or runaway child;
* A suicide attempt or threat by a child;
* An attempt by the parent to remove the child from your home;

- Any criminal activities by the child;
- An attempt by any other individual to remove the child from your home without your permission;
- An attempt to remove the child from your home or to obtain information about the child by any individual who represents himself as a DFYS employee but who does not display proper DFYS identification.

** "*Immediately*" means a report by telephone, in person or in writing, delivered as soon as possible, but no later than 12 hours after the incident.

The above list is not all-inclusive, so you should use your judgement about what should or should not be reported. For a more complete list, see 7 AAC 50.510 and 7 AAC 50.530. Once the new *Child Foster Homes* regulations are in effect, see 7 AAC 50.520.

Emergencies that occur during regular working hours should be reported directly to the social worker/probation officer or to her supervisor (when the social worker/probation officer is unavailable) at the local office. Emergencies that occur after regular working hours, on a weekend or a holiday should be reported by calling the local office's emergency number (ask your social worker or probation officer for this number).

SERIOUS ILLNESS

Foster Family: If an accident or illness of someone in your family is serious enough to require considerable care and attention on your part over a period of time, the social worker or probation officer can help you decide whether the foster child or children in your care should be moved, temporarily or permanently, or how you can best cope with the crisis.

Foster Child: Foster parents can only authorize surgery or other major medical care for an emergency when the medical problem is life-threatening or would result in permanent injury. Either DFYS or the parents (depending on the child's legal status) must give authorization for elective medical care (for non-life-threatening illness or injury).

CRIMINAL ACTIVITY

If the foster child is involved in criminal activity, request assistance from a law enforcement agency *and* the social worker/probation officer immediately or as soon as possible, depending on the seriousness of the situation.

If the foster child is violent, threatening, on drugs or intoxicated, contact the law enforcement agency for assistance. Notify the DFYS worker at the beginning of the next business day.

If a member of the child's family or a friend is involved in any of the above situations, you may contact the law enforcement agency, as needed, for assistance.

ABSENCE OF CHILD FROM FOSTER HOME

You may give permission for the foster child to be away from your home for such things as school or church activities, or to stay with a friend. Approval of the division must be received if the child will be away from your home for 72 hours or longer.

Unapproved absences (runaways) must be reported to the division within 12 hours of discovery. If you have an idea where the child might have run, please tell your social worker/probation officer and law enforcement agency. When the child returns home, notify your social worker/probation officer and law enforcement agency.

PREGNANCY OF A FOSTER CHILD

If there is an indication a foster child might be pregnant while in your care, the social worker or probation officer should be notified within 72 hours after you are aware of this situation.

The DFYS worker is responsible for helping pregnant teens who are in division custody obtain proper prenatal care and counseling that will help them explore all the options available to them during and after their pregnancy (including preparation for parenting or relinquishing the child). The worker may also make referrals for other available services. The child will probably remain in your care if your family is willing to adjust to the changes in the treatment plan needed to resolve issues centering around teenage pregnancy.

DEATH OF A FOSTER CHILD

If a child dies while in your care (including when the child is in a hospital), you ***must contact the DFYS office immediately.*** Unless a child dies in a hospital, you must also contact the local law enforcement authority. Suicide by a child must be handled in the same manner.

A death is always a difficult time for all those who are affected. Following are summaries of the roles of foster parents, parents and the Division of Family and Youth Services in the event of the death of a foster child.

Foster Parents

Foster parents have no legal responsibility in relation to the burial of a foster child. You should be able to express your grief in appropriate ways in keeping with the wishes of the parents. For example, it would be anticipated that foster parents would want to attend the service or to send flowers or to make a donation in memory of the child. The foster parents will be notified of the time and place of the service.

Some parents may react to the loss of the child by becoming very hostile to agency personnel, foster parents or hospital personnel because of their feelings of failure. You should contact your social worker or probation officer if this situation occurs.

Parents

Unless parental rights have been severed, the parents retain the right to plan burial services for their child. The DFYS worker will advise them and assist them in planning an appropriate service. This would include making them aware of the foster parent's interest in attending the service or in participating in some other way. If parental rights have been severed, if parents cannot be located or are deceased and the agency has custody, the agency has the duty to assume the responsibility of planning services, and will be requesting your involvement.

DFYS

The focus of the worker's responsibility is to inform the appropriate persons of the death, and to initiate plans for the burial service and other procedures which have to be followed.

Should the child die of an unusual illness or accident, or if there should be any question as to the details of the death, an official investigation will occur. Your local law enforcement agency may become involved in determining the facts and would need to ask questions of all persons, including foster parents, who had knowledge of the circumstances of the child's death. An autopsy may be required.

Burial expenses

Foster parents are not responsible for burial expenses. Depending upon the involvement, ability, and resources of the child's family or guardian, the Division of Family and Youth Services will assure that financial arrangements are made.

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DAILY LIVING

HOUSEHOLD DUTIES/CHORES
MAIL
PERSONAL PROPERTY
BABYSITTING/CHILD CARE
USE OF THE CHILD'S LEGAL NAME
SOCIAL ACTIVITIES
SCHOOL
Private schools
RELIGION
ALLOWANCES
SEX EDUCATION
GIFTS
EMPLOYMENT
CLOTHING
APPROVAL TO DRIVE
PARENT-CHILD VISITATION
VISITS WITH SIBLINGS, OTHER RELATIVES AND FRIENDS
PARENTAL CONSENT
LIFE BOOK
DANGER SIGNALS

HOUSEHOLD DUTIES/CHORES

A child living in your home should share, as a member of the household, chores that are appropriate for her age. In this way you can help the child prepare for future independence. Household chores should be shared by all family members and should not interfere with school, health and necessary recreation. A child should not be expected to perform chores that are actually your responsibility or which should be divided among several individuals (for example, the entire family laundry).

If you request a child to do work that you would otherwise pay someone to do, then this work should be optional for her and she should be paid accordingly.

MAIL

Children in your home have the right to send and receive mail. Mail is the private property of the child and should not be opened or read by you except at the child's or DFYS's request. Children should not be pressured into letting you read their mail. If problems arise with mail that is disturbing to the child, then you should seek the assistance of the social worker/probation officer.

PERSONAL PROPERTY

The personal belongings that a child brings with her to your home are her property and may be of special importance to her. Every child should have some place to call her own and this personal/private area, as well as her possessions, should be respected. When a child leaves your home, she must be allowed to take her personal items, clothing, and any gifts or possessions she has acquired while in your home.

Establishing a separate savings account for the child in her own name can help the child learn money management and accounting skills. A separate savings account that requires both the child's signature and her foster parent's or guardian's signature for withdrawal purposes may be necessary if the child's spending habits need to be controlled. It may be necessary to restrict the amount of spending money of a child, or even to keep the money and give it out gradually, but good records must be kept and the child's money must be kept separate from the money of others in the household.

When a child receives a substantial amount of money from any source (earnings, gifts, etc.), it is very important that you report this to the social worker/probation officer.

BABYSITTING/CHILD CARE

When arranging for a babysitter for a child in your care, it is important that you find an individual who is mature and capable of providing good care and supervision, and that you provide either a number where you can be reached in an emergency or an emergency backup number of a friend or relative.

There is no policy that establishes a minimum or maximum age for a babysitter. However, the babysitter should be capable of exercising good judgment to prevent or deal with an emotional or physical crisis of the child or to control his behavior.

USE OF THE CHILD'S LEGAL NAME

For legal purposes, and most importantly for her identity, it is necessary that the child in care be recognized by her own name. She should not assume the name of the foster parents. If a child asks about using your name, it is important to talk with the child, recognizing his need to belong to a family, but pointing out that his foster care placement is not permanent. Discuss this with the child in such a way that she does not feel that you are rejecting her.

SOCIAL ACTIVITIES

The foster parent has the right to make decisions about the day-to-day living conditions and activities of a child in her care. The foster parent may give permission for the child to engage in routine types of activities such as spending time with school friends, and may decide on dating privileges and determine curfew hours. For children on probation, curfew hours must be within limits established by conditions of probation. You will want

to use the same caution and discretion in these decisions as you would with your own child. When permission slips are necessary (school trips, sports events, etc.), you can sign if the child's absence from your home is to be less than 72 hours.

SCHOOL

Enrolling a child in school is generally a foster parent's responsibility. Your social worker/probation officer will discuss what is known of the child's previous school experiences with you, noting any strengths or problem behaviors (e.g., truancy, fighting or special class placement and educational classification).

Your relationship with the staff at the school should be like any other parent-school relationship. We expect you to attend all parent-teacher conferences that concern the child and to keep the social worker/probation officer informed of the child's progress or problems in school.

Should you recognize any problems the child may have that require special help, be sure to tell your social worker/probation officer so you both can advocate with the school on behalf of the child.

You, as a foster parent, have the responsibility for the child's daily school activities and for consenting to routine activities regarding educational matters. You have the authority to: register the child in school; consent to the child's participation in elective courses of study, school activities, one-day field trips and organized sports; and to sign report cards and permission slips for routine educational activities. However, *parents* must consent to a child going on a class trip which will interfere with court ordered parental visits, and *DFYS* approval is required for any out-of-state trips and for trips where the child would be away from your home for over 72 hours. Parents also retain the right to sign the Individual Education Plan (IEP).

Private schools

A child may be enrolled in a private or parochial school only when all of the following conditions are met:

- The child's parents (if appropriate) and the child agree to a private school.
- The school meets the standards of the Alaska Department of Education.
- No cost to DFYS will be incurred.

If you want to consider a private school for the child in your care, you should discuss the matter with the child's social worker/probation officer.

RELIGION

The child's parents have a right to designate a child's religious affiliation and their wishes should be respected. If parents state a religious preference for their child, the agency will make every effort to place the child in a foster home of the same religion. When this is not possible, it is the responsibility of the foster parents and the social worker/probation

officer to locate a resource to enable the child to attend the church of his religion. The personal preference of a child who is eight years old or older shall also be taken into consideration.

ALLOWANCES

The use of allowances depends on the age and maturity of the child. Amounts should be related to a child's specific recreational activities, school and church contributions, personal grooming needs, and should be consistent with family policies. The amount should also conform to family and community patterns of providing allowances. Be sure the child understands how much he is to receive and what expenses it is expected to cover. This money should be paid out of the regular monthly foster care payment.

SEX EDUCATION

Sex education is a normal part of parenting. Most sexual education is in response to children's questions. Questions should be answered as openly and honestly as possible giving allowances for the child's age and previous experience. In some instances, schools will offer courses in sex education. Normally, you could sign the permission slip for a child to attend special classes. However, because of the strong feelings of some parents about this subject, refer this item to DFYS for agency approval. Issues of birth control should be discussed with the social worker or probation officer.

GIFTS

Foster parents and parents often like to provide the children with extra gifts, such as bicycles, dolls, or sports equipment for birthdays or Christmas. You are not required to provide these gifts, but gifts are not discouraged.

If gift giving by the parent is of concern to you because of the type or amount of gifts, you should discuss this situation with the social worker/probation officer. It is important that gifts be given with no strings attached. Let your foster child know the gift is ***hers*** and she can take it with her when she leaves--no matter what the circumstances.

EMPLOYMENT

Allowing the child to accept part-time employment is a decision that should be made jointly with your social worker/probation officer. The following questions should be considered in making this decision: Will working interfere with the child's school schedule and the preparation of her homework? Will the working hours allow the child adequate time for rest and social activities? Is the child emotionally mature and ready to take on the specific responsibility or job? Is employment a necessity to meet conditions of probation or to pay court ordered restitution?

If you and your social worker or probation officer together decide that employment is feasible for your foster child, it will be your responsibility to watch for change in attitude and behavior and assure that employment is a positive experience and necessary

independent living skill for the child. A foster child who chooses to babysit for the foster parents' own children or others as a means of employment must be paid at a rate equivalent to community standards.

If a foster child seeks employment at a business owned or managed by their foster parent, the foster child must be paid the same rate as other employees performing the same type of job duties. The Department of Labor work permits, which are required for children under the age of 16, must be signed by the DFYS worker.

CLOTHING

The Division of Family and Youth Services will provide an authorization for an initial clothing allowance if the child's clothing does not meet the minimum standard. At present, the maximum amount of this authorization is $300.00, depending upon the needs of the child as indicated by a clothing inventory. After a child is placed, the monthly foster care payment rate is intended to cover the cost of maintaining an adequate supply of clothing. This includes routine replacement of items as the need arises. As with your own children, foster children should be encouraged to be proud of themselves and the way they dress.

Please be mindful of the following:

1. Give younger children a voice in selecting their clothing and in what they wear.
2. Permit older children to make many of their own decisions in the purchase of clothing, and in what they wear.
3. Give reasonable acceptance to the current clothing fads; generally a child should not have to dress too differently from her peers.
4. Try to see that each child has some articles of new clothing that have been made or purchased as her own.
5. Try to assure that no gift items are presented to the child that are not truly hers and cannot be taken with her when she leaves.
6. Try to respect the child's own family's taste in clothing, allowing her to continue to feel a part of that family.
7. As a general guide, dress foster children to the same standards you would use with your own children.

APPROVAL TO DRIVE

The child must have a driver's license or permit in order to operate a motor vehicle. The child's parent or guardian is the person who must sign the consent documents required by the Division of Motor Vehicles for a person under 18 years to obtain a driver's license or permit. If the child's parent refuses to sign for the child to have a driver's license or permit, the court could appoint a legal guardian for the purposes of assuming responsibility. If the child's parents are deceased, the division, as a legal guardian, may

sign the consent form. In these cases, the regional manager or regional administrator is the division representative authorized to sign, but not required to sign, as an element of her job. If the child obtains a driver's license or a permit, the child will still be required to get the permission of his social worker/probation officer to drive. Permission will only be granted for the child to drive when the following conditions are met:

1. The child has a valid driver's license.
2. The foster parent wishes the child to have permission to drive while in foster care and is willing to supervise the child's request to drive, if approval is granted.
3. The child will be fully covered by liability insurance. The division must be informed if the policy lapses or is cancelled, so that the child's approval to drive can be suspended until such time as insurance coverage is again effective.
4. The purpose of the child's driving is appropriate, considering the child's age.
5. All vehicles the child might be driving are identified and are in a safe condition.
6. The child does not have a problem with the use of alcohol or drugs.
7. The child maintains a safe driving record.

PARENT-CHILD VISITATION

The DFYS worker will discuss the visitation plan for any foster child in your home *when the placement is made.* Any changes in this plan should be confirmed by your worker in writing. The social worker/probation officer needs your cooperation to ensure that these visits are a positive experience for the child. If you have any concerns about a child's visit with a relative or friend, whether or not it takes place in your home, you should discuss it with your social worker/probation officer.

If a parent arrives to take their child on a planned visit, but arrives in an intoxicated state and you feel that it would not be safe for the child to leave with the parent, attempt to contact the DFYS worker immediately. If the worker is not available, the foster parent may refuse to allow the child to leave with the parent. If the parent demands that the child be allowed to leave, the police may be contacted for assistance if the social worker/probation officer is unavailable.

In case of an emergency, such as parents not returning a child to your home as planned, contact your office immediately. If parents become unruly in your home, ask that they leave and contact law enforcement, if necessary. If parents demand that you "give" their child to them ***do not do so***. Encourage them to contact the social worker/probation officer or offer to contact the social worker/probation officer for them.

If the child returns from such visits and shows any physical signs of abuse or has extreme changes in their behavior, contact the DFYS worker as soon as possible.

You may be asked to permit the parents to visit their child in your home, when this is appropriate. The matter of parent contacts in your home is your decision.

VISITS WITH SIBLINGS, OTHER RELATIVES AND FRIENDS

The social worker/probation officer may discuss with you visiting arrangements with relatives and friends and request your assistance with such visits.

If the child talks with you about a relative or friend, be sure to inform the social worker/probation officer. Also, if you feel that the child should be having visits with someone important in her life, discuss the matter with the social worker/probation officer.

If a relative or friend contacts you directly about visitation with the child, inform the social worker/probation officer and refer the individual to the social worker/probation officer. ***Do not permit the child to visit with the individual without DFYS approval.***

PARENTAL CONSENT

The following list defines *some* of the situations for which DFYS must obtain the permission of the parents of the foster child:

* Enlistment in the armed forces
* Marriage
* An Individual Educational Plan (IEP)
* Publication of the child's photograph
* Non-emergency surgery
* Vacations (when they interfere with court-ordered visits)

When the parents are deceased or their rights have been terminated, DFYS has the authority to consent to some of these activities/events. Since there are specific procedures for each of the above situations, you should always contact the social worker/probation officer to find out what is appropriate or required.

LIFE BOOK

When a child is separated from his parents and other members of his family, much of the important information about his background and family can become lost or forgotten as time passes if it is not recorded. This is particularly true for young children. Even the child who returns home can experience the loss because the parents cannot fill in the gaps.

To establish a recorded history for children in placement, you are encouraged to develop a life book for each child. With older children, you may wish to involve them in this activity. If you are interested and need more information about life books, contact your social worker/probation officer.

DANGER SIGNALS

It is extremely important that you inform the child's social worker or probation officer if the child exhibits any of the following danger signals:

Physical signs:

* compulsive overeating
* chronic loss of appetite
* excessive sleep
* constant cold, stomachaches, or other illnesses
* frequent accidents

Extreme fearfulness:

* frequently recurring, severe nightmares
* fear of people
* extreme, unrealistic fear of animals
* persistent fear of going to school

Extreme withdrawal:

* not allowing anyone to touch her
* refusing to talk
* withdrawing to a room or corner by herself
* no eye contact

Extreme cruelty to animals or other children:

* wanting to hurt others
* killing small animals or attempting to torture them

Self-destructive behavior:

* injuring himself
* pulling own hair out, leaving bald spots
* banging head against walls or other objects

Other danger signals:

* setting fires
* running away
* sexual acting out
* suicide attempts or threat of suicide
* drug/alcohol abuse
* depression
* stealing
* mysterious acquisition of personal property or money

4

MEDICAL CARE

ROUTINE MEDICAL CARE
CONSENTS FOR ROUTINE AND EMERGENCY MEDICAL CARE
DAILY MEDICATION
OUT-OF-STATE MEDICAL CARE

ROUTINE MEDICAL CARE

Foster parents are responsible for ensuring that the children in their care receive proper medical attention, including:

1. Arranging for appropriate medical and dental care for the child on a routine basis, including the required annual physical examination and any immunizations which are necessary.

2. Taking the child to participating Medicaid providers only, unless prior approval has been received from DFYS (in non-emergency situations). If the child is Alaska Native and not Medicaid-eligible, Indian Health Service should be the first option for medical treatment.

3. Contacting DFYS immediately whenever emergency care is required.

4. Consenting to emergency care, including emergency surgery, when immediate care is essential to the child's health, and DFYS cannot be reached within the time required. In these situations, you should utilize the emergency consent form that the social worker or probation officer has provided you. You must notify DFYS as soon as possible after consenting to emergency treatment.

5. Notifying DFYS of any health problems that the child may develop.

Children in foster care are generally eligible for medical coverage under the Medicaid Program. Medicaid covers the cost of the foster child's medical and pharmaceutical

services. In order for a child to receive Medicaid coverage, the child's social worker or probation officer must submit an application form to the Alaska Division of Public Assistance. Medicaid coupons are then mailed to the address on the form. The coupons are taken to the medical provider (doctor, pharmacy or hospital) for payment.

You should check with medical care providers to be sure that they accept Medicaid coupons. It is advisable that you clarify this with the physician, dentist, etc., *prior* to scheduling an appointment for a child in your care. Should you have any difficulty in locating a health care professional in your area who accepts Medicaid, contact the DFYS office or the local foster parent association in your area. Either can be helpful in recommending professionals who participate in the program.

If a medical emergency occurs, whether or not the child is Medicaid eligible, you should use the nearest appropriate provider. Contact DFYS for approval before incurring the expense, if possible, and submit a bill for reimbursement to your social worker or probation officer if the provider will not accept Medicaid coupons or bill DFYS.

If the child is not Medicaid eligible, payment for medical care (including prescriptions) may be handled in one of several ways (parents' insurance, DFYS billing, etc.). Contact your probation officer or social worker for specific guidelines on an individual child.

Whenever a child moves, the social worker or probation officer must submit a change of address to the Division of Public Assistance. There is generally a time lag between the form being submitted and being processed. If the child needs medical care before the coupons are received, contact your social worker or probation officer for emergency coupons.

CONSENTS FOR ROUTINE AND EMERGENCY MEDICAL CARE

A child should be referred for a medical examination within 72 hours of placement into your home. You may be asked to see that this is done.

Do not provide written consent for any medical examinations or treatment of a child unless you have been given a written delegation of authority. Written consent can only be given by DFYS or the child's parents, or guardian in some instances. A parent, unless parental rights have been terminated, retains the right to consent to non-emergency surgical procedures.

Children may be administered prescription medications and special medical procedures only on orders from a licensed physician. Prescription medication must be kept in the original container, labeled with the child's name, the date, the instructions, and the physician's name.

DAILY MEDICATION

Some children may have a chronic medical condition that requires regular or daily scheduled doses of prescription drugs. For those children, the following applies:

1. Parents must be informed of any long-term prescriptions of medication for chronic conditions, such as psychotropic drugs for mental illnesses, antihistamines for asthma, insulin for diabetes, etc. Birth control pills are also considered as daily medication and the parents must be informed of their child's use of this medicine.

2. All medicine is kept safe as indicated in the regulations; however, there may be some conditions and medications which indicate that accessibility and administration of the medication would be most appropriately handled by the child, i.e., breath inhalants, birth control pills.

3. Who dispenses medication, and when, is decided by the prescribing physician.

4. The foster parent should always advise the social worker or probation officer of any prescribed medications, the physician's instructions, and concerns or questions.

OUT-OF-STATE MEDICAL CARE

When you are planning to travel outside the state with a child in care, remember to take her Medicaid coupons with you. In the event of an emergency that requires medical treatment and/or hospitalization, you must have proof that the child has medical coverage. Should the physician or the hospital refuse to accept Medicaid, DFYS will reimburse you for the amount of the bill (you will need a receipt for services rendered).

5

DISCIPLINE

PURPOSE OF DISCIPLINE
ESTABLISHING GUIDELINES
What about rules?
What are acceptable forms of discipline?
What are unacceptable forms of discipline?
TRAINING AND ASSISTANCE

PURPOSE OF DISCIPLINE

Discipline is an integral part of parenting and should be approached as a learning experience. The purpose of discipline is to establish and enforce limits for a child's behavior. It is a way of teaching a child to behave in a socially acceptable manner that will have long lasting benefits. ***It is important that the child receives fair, firm and consistent treatment from you.***

ESTABLISHING GUIDELINES

What about rules?

Guidelines for what is acceptable behavior should be established soon after the child arrives, so that the child will understand your expectations. Remember to:

1. Make the rules clear.

2. Work with the probation officer/social worker to develop an effective behavior management program geared to the needs of each individual child.

What are *acceptable* forms of discipline?

Acceptable forms of discipline include:

1. Depriving the child of privileges. (Be sure these are really privileges, and not items to which the child is normally entitled.)

2. The use of "time-out."

3. A discussion with the child about the natural consequences of her behavior.

4. A special assignment. (Perhaps writing a paper on respecting another's property)

5. Some type of restitution activity.

What are *unacceptable* forms of discipline?

Unacceptable forms of discipline include:

1. ***Deprivation*** of things which are considered essential to the child's health and well-being. (For example: meals, sleep, regular school activities, family visits, etc.)

2. ***Corporal punishment***, including striking, whipping, slapping or any other form of discipline that inflicts the child with physical pain, must not be used, and is contrary to agency policy. (This policy is a reflection of proposed regulations on foster care at the time this handbook went to press.)

TRAINING AND ASSISTANCE

Discipline is one of the areas that will be covered in your foster parent training courses. However, please do not wait until a serious problem arises to discuss the situation with your DFYS worker. While DFYS staff certainly do not have all the answers to behavior problems, they can assist you in designing an appropriate behavior management plan.

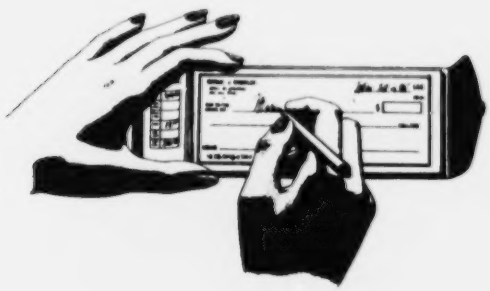
6

FINANCIAL MATTERS

FINANCIAL ARRANGEMENTS AND REIMBURSMENT PROCEDURES
- Standard rates
- Emergency shelter payment rates
- Runaway status
- Augmented rates
- Special needs requests
- How the payment system operates

INSTRUCTIONS FOR COMPLETING THE A&I FORM
- Left side of the form
- Right side of the form

WHAT TO DO IF YOUR CHECK DOES NOT ARRIVE OR IS NOT ACCURATE



FINANCIAL ARRANGEMENTS AND REIMBURSEMENT PROCEDURES

Foster home care payment rates are established yearly by the Division of Administrative Services of the Alaska Department of Health and Social Services. Foster home care rates include standard rates, emergency shelter rates and augmented rates.

Standard rates

Standard rates for foster home care include payment for the following, once the proposed regulations are in effect:

1. Food, including meals and snacks.

2. Clothing replacement.

3. Shelter, including utilities and use of household furnishing and equipment.

4. Daily supervision, including those activities which a parent would normally carry out to assure protection, emotional support and care of the child.

5. Personal items and grooming care for the foster child such as toothbrushes, diapers, haircuts and other essentials.

6. School supplies and regular school activities.

7. Games, toys, books and equipment, like skates and other items costing less than $50 per item, that are appropriate to the ages of children in care in sufficient quantity to promote normal growth and development.

8. General recreation of the foster child such as picnics, community sports and movies.

9. Usual transportation expenses on behalf of the foster child, including the purchase of bus passes for children old enough to take buses, and reasonable local travel to the child's home for visitation.

10. An allowance for the foster child.

11. Babysitting and child care, except as provided in 7 AAC 53.050(b)(5).

12. Other items which are normal and usual in the care and supervision of a child.

Payment rates vary by region. A new rate schedule will be sent to you each year.

Emergency shelter payment rates

Emergency shelter rates are paid for a maximum of 30 days on any one placement.

Runaway status

If a foster child runs from your home and it has not been determined whether the child will be returned to your home, foster care rates may be continued for a maximum of five days after the child has run. This five day payment may be made whether or not the child returns, as long as the social worker/probation officer was notified within 12 hours from the time that the child's runaway status was established. If the child does not return within the five day period, that foster care space becomes available on the sixth day unless other arrangements are made with the social worker or probation officer. If DFYS determines within the first five days that the child will not return, payment will continue through the date of the determination, not the full five days.

For example, John Jones was in your home from October 1 through October 11. On October 12, John ran. He returned to your home on October 22. Payment would be made for October 1 through October 16 provided that you notified the social service worker of the child's absence within 12 hours. No payments would be made for October 17, 18, 19, 20 and 21. Payment would resume on October 22.

Augmented rates

An *augmented rate* is an increased payment made for extra costs incurred in caring for children who have special problems (7 AAC 50.730–7 AAC 53.050, once the new regulations are in effect). The amount is determined on the basis of the level of care required for the child.

The augmented rate is devised to help cover the extra costs which may be incurred in caring for children who have special problems. Eligibility under Medicaid, the Crippled Children's program or other appropriate resources will be determined before special rates are requested. If the extra costs are covered by another program, augmented rates cannot be paid.

Examples of extra costs that may be appropriate for augmented rates include: transportation to frequent medical or therapeutic appointments such as physical therapy or psychiatric counseling, special school assignments or special diets requiring the purchase of special foods for the child who cannot eat a regular diet. Augmented rates may also be made for children approved for specialized foster care on the basis of an approved risk/need assessment.

Augmented rates should be approved at the time of placement or within the first two months of placement. Redetermination is made after one year. Care should be taken to distinguish augmented rates, which are for *ongoing extra care needed*, from *one-time expenditures* which are payable through *special needs funds.*

Talk with your social service worker or probation officer if you think you may be eligible for augmented rates for one of the children in your care.

Special needs requests

In some cases, special needs funds are used to provide services or remuneration which are not mandated by statute, regulations or court orders. This may occur when:

1. Provisions have not been included in standard or augmented foster care payment rates or residential care grant rates due to high one-time cost or unusual ongoing expenses.

2. The goods or services are not routinely provided to all division clients in a similar supervision, custody or placement status and are needed to carry out a treatment plan for a specific child.

3. Delivery of the goods or services to the youth or youth's family is intended to prevent out-of-home placement.

Under certain conditions, special needs funds may be used to reimburse foster parents for damaged or stolen foster parent property. You may request special needs funds when there is no other resource for payments (e.g., medical assistance, private insurance or restitution).

Examples of items which may be approved through special needs include:

1. Discretionary medical or dental care

2. Speech therapy, reading therapy, psychiatric/psychological evaluation and consultation, adoption studies, psychotherapy, psychological counseling, family counseling or physical therapy

3. Extraordinary clothing needs in excess of that provided by the clothing policy (which has a maximum of $300)

4. Special cribs, beds, mattresses, prosthetic devices, orthopedic shoes or appliances and aids for the handicapped

5. Extraordinary hobbies/recreation needs, or equipment, when justified by expected behavioral or therapeutic benefits

6. Sports or high school senior needs.

The foster parent or the DFYS worker may submit a special needs request.

Requests for special needs funds must be made on form #06-9031. A copy of this form is included in the *forms* section, chapter 10. Additional forms can be obtained from any DFYS office.

Requests for reimbursement to foster parents for financial losses resulting from physical injury inflicted by a foster child to a member of the foster family household, or to property of the household not covered by other insurance policies must document the following:

1. The loss was caused by a department-placed foster child.

2. The loss exceeded that which a parent might encounter for a *normal, related child.*

3. Considering the child's age, maturity, and behavioral history, the foster parents were providing adequate supervision and exercised reasonable precautions.

You must submit a completed Loss Report, form #06-9440, within 72 hours from the time of the theft or physical injury. Theft and criminal mischief must also be reported to the local law enforcement agency having jurisdiction in the area of occurrence.

Requests for reimbursement for financial losses must be submitted through the local and regional offices to the DFYS central office.

How the payment system operates

You must receive the initial Authorization and Invoice form (A & I form) from DFYS at the time of child placement or very soon thereafter. It is important that you do not lose it or destroy it. ***You must complete and submit this form to DFYS in order to be paid. However, if you receive more than one form for a given period, send in only one.***

At the end of each month, complete the form for that month and mail to the address on the back side of the form. At this time the computer system will automatically: 1) check the social services plan, 2) check the payment system and, if both systems agree with the Authorization and Invoice, 3) will pay the amount of the billing.

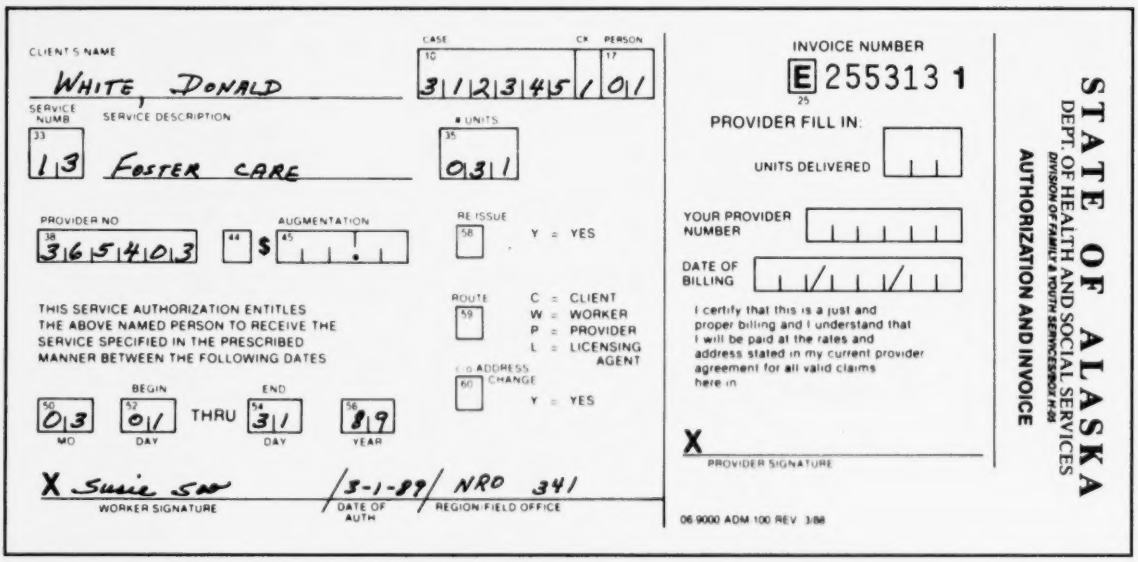
If the plan is for continuing placement of the child with you, the worker may indicate on the initial A & I form that central office should issue a new month's Authorization and Invoice form directly from the computer. If this is the case, your A & I form will be mailed directly to you from Juneau. If this is not the case, your worker will provide you with each new month's form. In any event, if you still have the child, but have not received a new A & I form by mid-month, ***you should contact your social worker or probation officer.***

The Authorization and Invoice form should be completed and mailed as soon as the service ends for the month (the first of the new month or when a child is removed from your home). The sooner you submit your Authorization and Invoice form, the sooner a check can be mailed to you. If you forward your completed Authorization and Invoice form to reach the DFYS central office in Juneau before the 5th of the month, a check will be issued close to the 10th. If the completed Authorization and Invoice form reaches central office between the 5th and the 20th, a check will be issued close to the 25th. **However, the A & I form must be completed, dated and mailed *after* the last day of service being billed.**

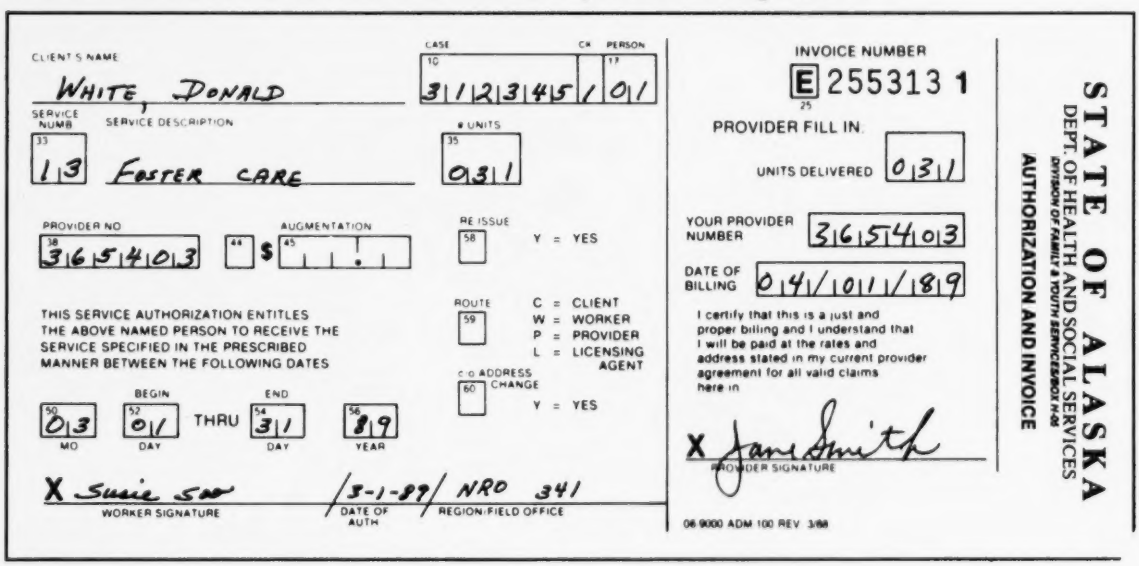
INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AND INVOICE FORM

The following sample form will assist you in completing the initial and subsequent Authorization and Invoice forms. The first form is the way it will look when you receive it. The second form shows how the form should look when you have completed filling out your portion.

This is what the form looks like when you receive it:



This is what the form should look like after you have completed it:



LEFT SIDE OF FORM: **DO NOT ENTER ANY INFORMATION ON THIS PORTION OF THE FORM.**
(Review what is on the left side to assure that it is correct.)

Check the following and contact the social worker or probation officer if anything is incorrect:

1. Is name of client the same as the foster child in your home?

2. Does the box "# Units" show the number of days the child should be in your home during the billing period?

   "Units" refers to the number of days in the month for which you are authorized to provide care. For example, if the child is to be in your home from the 1st through the 31st of March, it should read "31." However, if the child is to be in your home from the 10th through the 31st, it should read "22" units.

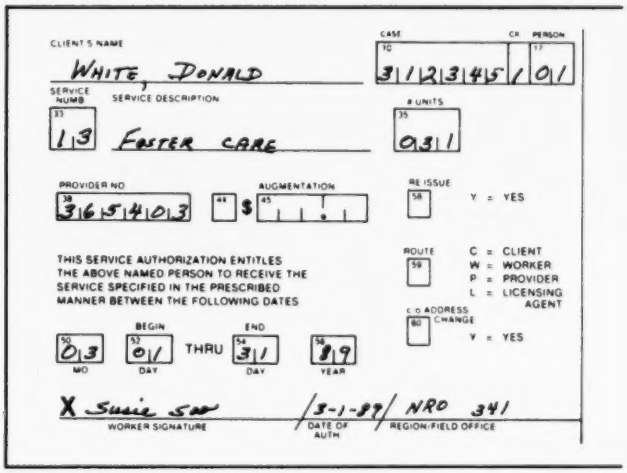
3. Do the "Begin Date" and "End Date" cover the period for which you are to bill?

4. Is the Authorization and Invoice signed by the social service worker? (Computer issued A & I forms do not have a worker's signature.)

5. Check that your provider number is correct.

Remember: If any item is incorrect, contact your social worker or probation officer.

DO NOT ENTER ANY INFORMATION ON THIS SIDE OF THE FORM



RIGHT SIDE OF FORM: COMPLETE THIS SIDE OF THE FORM AT THE END OF THE PERIOD BEING BILLED FOR, OR AT THE TIME A CHILD IS REMOVED FROM YOUR HOME.

Step 1: Units Delivered

Enter the number of days the foster child was in your home during the month. (ENTER ONLY ONE NUMBER PER BOX.) This number must not exceed *any* of the below:

A. Number of days in the month.

B. Number of authorized units.

C. Must not include the day the child is removed.

Step 2: Your Provider Number

Enter the six digit number from your license, one number to each box.

Step 3: Date of Billing

Enter the date you are submitting the bill. THIS DATE SHOULD NOT BE PRIOR TO THE END DATE. That is, you cannot submit a bill until after you have delivered all the services.

Generally this is at the end of a month unless a child is removed from your home in the middle of the month. In that case, the last complete day in the home is the end date as payment is not made for the day of removal.

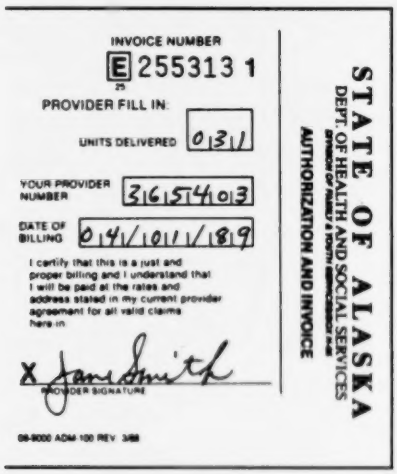
To enter the dates, you must enter first the month (2 digits), then the day (2 digits), then the year (2 digits).

Example: You submit the bill on February 3, 1988. This date would be entered as 02/03/88.

Step 4: Provider Signature

Sign the Authorization and Invoice using your legal signature. After you have completed the above four steps you need only mail the Authorization and Invoice to the address on the back side of the form.

COMPLETE THIS SIDE OF THE FORM AT THE END OF THE PERIOD BEING BILLED OR AT THE TIME A CHILD IS REMOVED FROM YOUR HOME.



INVOICE NUMBER
E 255313 1
PROVIDER FILL IN:
UNITS DELIVERED 0131
YOUR PROVIDER NUMBER 316154013
DATE OF BILLING 04/10/11/89
I certify that this is a just and proper billing and I understand that I will be paid at the rates and address stated in my current provider agreement for all valid claims here in
X Jane Smith
PROVIDER SIGNATURE
08-9000 ADM 100 REV 3/88
STATE OF ALASKA
DEPT. OF HEALTH AND SOCIAL SERVICES
AUTHORIZATION AND INVOICE

WHAT TO DO IF YOUR CHECK DOES NOT ARRIVE OR IS NOT ACCURATE

Contact the child's ***social service worker or probation officer*** if you have any questions about:

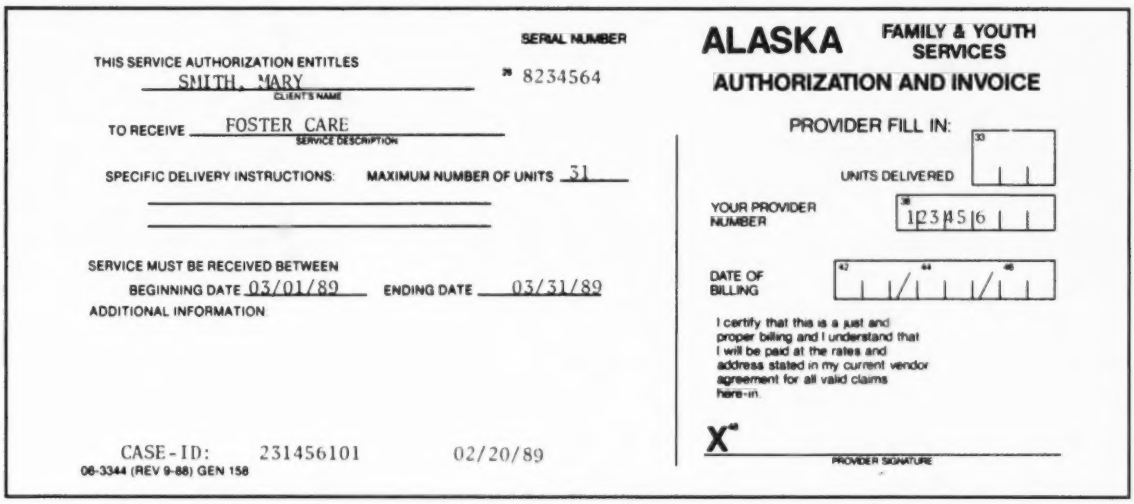
1. Not receiving your check.
2. If there is an undue delay in the receipt of your check.
3. If the check you receive is not for the correct amount.
4. The number of days you are authorized for.
5. The rate you are being paid.
6. Not receiving the Authorization and Invoice form for the next month.
7. Special delivery instructions.
8. Any other questions pertaining to the child's care.

NOTE:
In some offices, a clerk may handle payment questions. Ask your social worker or probation officer for the name of the person in your ***local office*** whom you should call, and fill in that name below.

Contact person for financial questions:

_____

This is what a *computer issued* Authorization and Invoice form looks like when you receive it:



SERIAL NUMBER 8234564

THIS SERVICE AUTHORIZATION ENTITLES
SMITH, MARY (CLIENT'S NAME)

TO RECEIVE FOSTER CARE (SERVICE DESCRIPTION)

SPECIFIC DELIVERY INSTRUCTIONS:

MAXIMUM NUMBER OF UNITS 31

SERVICE MUST BE RECEIVED BETWEEN
BEGINNING DATE 03/01/89 ENDING DATE 03/31/89
ADDITIONAL INFORMATION

CASE-ID: 231456101 02/20/89
08-3344 (REV 9-88) GEN 158

ALASKA FAMILY & YOUTH SERVICES
AUTHORIZATION AND INVOICE

PROVIDER FILL IN:

UNITS DELIVERED

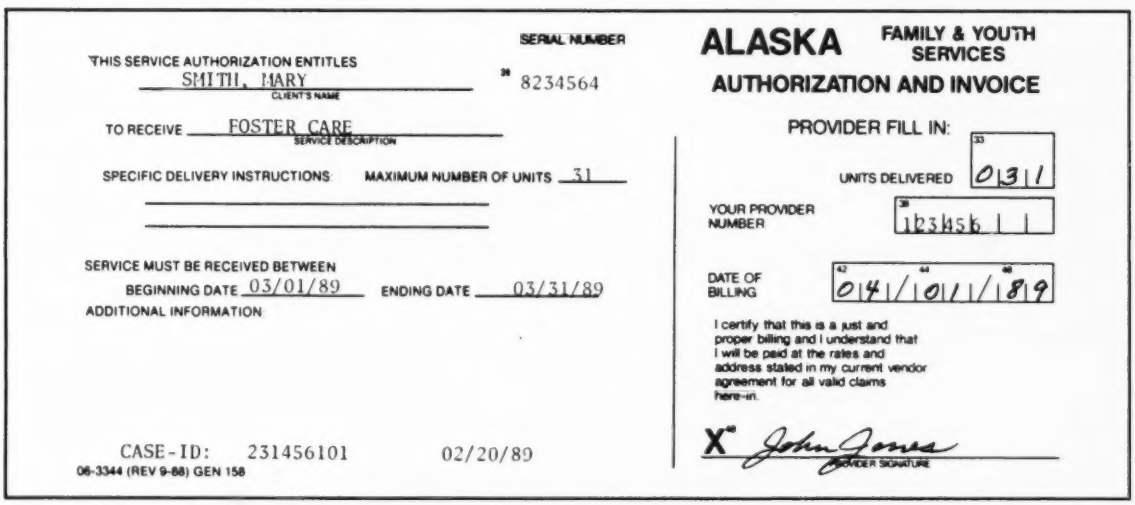
YOUR PROVIDER NUMBER 123456

DATE OF BILLING

I certify that this is a just and proper billing and I understand that I will be paid at the rates and address stated in my current vendor agreement for all valid claims here-in.

X PROVIDER SIGNATURE

This is what a *computer issued* Authorization and Invoice form should look like after you have completed it:



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ADDITIONAL INFORMATION

CASE-ID: 231456101 02/20/89
08-3344 (REV 9-88) GEN 158

ALASKA FAMILY & YOUTH SERVICES
AUTHORIZATION AND INVOICE

PROVIDER FILL IN:

UNITS DELIVERED 031

YOUR PROVIDER NUMBER 123456

DATE OF BILLING 04/01/01/89

I certify that this is a just and proper billing and I understand that I will be paid at the rates and address stated in my current vendor agreement for all valid claims here-in.

X John Jones PROVIDER SIGNATURE

Please check the **left side** of the form for accuracy when you receive it and contact the social worker or probation officer if anything is incorrect.

Complete the **right side** of the form according to the instructions on page 32. The only exception to those instructions is that on the computer generated form, your provider number is pre-printed for you.

7

TRANSPORTATION

INFANT CAR SEATS
ROUTINE TRANSPORTATION
VACATIONS
ACCIDENTAL INJURIES

INFANT CAR SEATS

Alaska law requires that any child under 4 years of age who is a passenger in a motor vehicle be properly secured in a child safety device that meets the standards of the U.S. Department of Transportation. Any child between 4 and 6 years of age must be properly secured in a child safety device approved for a child of that age by the U.S. Department of Transportation, or in a seat belt, whichever is appropriate for that particular child. While Alaska law does not require the use of seat belts for children over the age of 6, the division ***strongly recommends*** the use of seat belts for all children and adults.

In order to assist you in meeting the provisions of the law, DFYS will reimburse you up to $50 for the purchase of a car seat for infants and small children. Once purchased, the car seat becomes the child's. If the child leaves your home to go to another foster home, the seat should go with him. If the child returns to his family, the seat should be returned to the DFYS office.

ROUTINE TRANSPORTATION

Routine transportation of the foster child is the responsibility of the foster parents. This includes transportation to family visits (local), medical facilities, school events, social and sport activities, church, shopping, counseling appointments, etc.

A vehicle used for the transportation of children must be licensed in accordance with state and local law, and foster parents must have current liability insurance in effect.

DFYS may reimburse foster parents for transportation expenses related to the child in certain situations. The following is a list that describes some situations for which you may be reimbursed:

* Transportation to and from school when transportation is not a responsibility of the local school district and circumstances preclude the child from walking.

* Extensive transportation for various services or visits.

* Transportation related to visits with parents, siblings, or other family members when they reside in a different community.

* Transportation related to visits with a child who is hospitalized.

To ensure the reimbursement of a travel expense, contact your social worker/probation officer *prior* to making the transportation arrangement. They can inform you whether reimbursement can be made and can advise you of the proper procedures.

Foster children may drive only under the circumstances noted in the section called "Approval to Drive," on pages 15-16.

VACATIONS

A child's sense of belonging and security in the foster home is supported by including her in your vacation plans.

"Vacation" is defined as any period of more than three consecutive days, during which the child accompanies your family to a location away from the home for recreational purposes. This includes out-of-state vacations.

The division's responsibility for children in foster placement and all aspects of case activity for these children makes it imperative that you consult your social worker/probation officer about planned vacations of more than three days. Contact DFYS at least one month prior to the anticipated date of departure for any planned vacation and advise DFYS of the vacation dates and the location(s) where you can be reached, so that contact can be made if it becomes necessary for some reason. The division will approve the vacation plans unless there are court ordered visitations, scheduled court appearances or scheduled therapeutic or medical treatment which cannot be postponed.

When a child's planned vacation with your family will interfere with court ordered parental visits, it is necessary for the division to secure the prior written consent of the parents for the child to accompany you on vacation, or the court's prior approval if the division determines that the child should accompany your family over parental objections.

If the division determines that the child in your care cannot accompany your family on vacation or you do not wish to have the child accompany your family, it is the responsibility of the division to see that appropriate alternative arrangements are made for the child.

ACCIDENTAL INJURIES

If a child in your care is involved in a motor vehicle accident, follow the same procedures listed in chapter 2, on emergencies: contact the local law enforcement agency and contact DFYS.

Addresses/Notes

8

LEGAL ISSUES

HOW A CHILD COMES INTO CARE
Child protection
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HOW A CHILD COMES INTO CARE

A child may come into the care of DFYS either because of child abuse or neglect or because of a delinquent act.

Child protection

The purpose of child protective services is to identify, treat and prevent child abuse and neglect.

Whenever a decision is made to keep a case open beyond the investigation phase, it must be in order to provide services to the family. The child may remain in the home, or be placed out-of-home.

Based on an assessment that there is risk or potential for further risk to the child if left in the home without immediate action, the division may assume emergency custody to protect the child. The assumption in emergency custody is that the department, through the worker, will exercise authority in decisions concerning the child's welfare until the matter may be presented to the court, regardless of whether there is also placement. In case of doubt about the child's safety, it is preferable for the worker to err on the side of assuming emergency custody, as that course will serve to protect the child while the facts are further investigated. When emergency custody of a child is assumed, the risk to other children in the family, if left in the home, must also be assessed by the worker.

AS 47.10.142 requires that certain conditions be present before a worker may assume emergency custody. The worker will not assume emergency custody of a child unless one of the following conditions exists:

1. The minor has been abandoned, *or*

2. The minor has been grossly neglected by the minor's parents or guardian as "neglect" is defined in AS 47.17.070, and the division determines that immediate removal from the minor's surroundings is necessary to protect the minor's life or provide immediate necessary medical attention, *or*

3. The minor has been subjected to child abuse or neglect by a person responsible for the minor's welfare, as "child abuse and neglect" is defined in AS 47.17.070, and the division determines that immediate removal from the minor's surroundings is necessary to protect the minor's life or that immediate medical attention is necessary, *or*

4. The minor has been sexually abused under circumstances listed in AS 47 .10.010(a)(2)(D).

Youth corrections

Children come into youth corrections care only when they are accused of an offense defined by criminal law or an act prohibited by court order, and are referred by a law enforcement agency.

An intake assessment is conducted to determine if formal court action is necessary or if a diversion service such as referral for services, community work service or informal probation is appropriate.

At the time of referral, an accused delinquent may be detained; placed in emergency shelter, attendant care shelter, or foster care; or may remain in the home of parents or relatives during the intake stage. A child who has been adjudicated by the court for a delinquent offense and put on probation may be continued in parental custody, or placed out-of-home if necessary to assure adequate care and supervision.

The primary purpose of youth corrections is to provide a continuum of supervision and rehabilitation programs which meet the needs of youthful offenders in a manner consistent with public safety.

Youth corrections services are designed to:

1. Develop, recommend to the family court and implement appropriate juvenile offender dispositions.

2. Provide the least restrictive and most appropriate available placement setting for the youthful offender while adequately protecting the community.

3. Provide services that are in close proximity to the youth's home community and family, whenever possible and appropriate.

4. Hold youthful offenders accountable for their delinquent behavior.

5. Promote a realistic relationship between a youthful offender and his or her family.

DFYS INTERNAL CASE REVIEWS

Every six months DFYS conducts a formal review of the case plan for each child in out-of-home placement. This procedure protects parents and children by ensuring up-to-date case plans and assessments of progress toward permanent placement goals. It meets federal requirements that the division ensure that each child in care has a case plan, that rights of children and parents are protected and that services are being provided to either reunify the family or achieve an alternate permanent placement. Case reviews also provide an organized forum for staffing difficult cases.

The review panel

1. The review is conducted by a panel of appropriate persons, at least one of whom is not responsible for case management or provision of services to the child or family.

2. It is recommended that one of the slots be reserved for a community member, and another for a local division supervisor.

3. In offices with larger caseloads, it may be necessary to establish several permanent review panels that are composed of members meeting these criteria.

4. Reviews for Native children will incorporate additional requirements under ICWA (Indian Child Welfare Act), including additional documentation requirements and participation by tribal representatives and/or Native persons serving as cultural consultants.

Scheduling

Regional offices must ensure that each field office maintains a review calendaring system for each child in out-of-home care that provides notice to supervising caseworkers of upcoming review dates. Responsibility for the tracking system will be assigned to a single staff person for all cases (or by units for larger offices).

Notification

The following persons are notified by mail at least ten days prior to the review.

1. *Parents:* If the parents do not live in the city where the review will take place, they have the option of participating via written comments or by telephone. The review may proceed without parental participation if they have received notice, but are unable or unwilling to participate.

2. *GAL (guardian ad litem):* Review proceeds without them if they cannot attend.

3. ***Foster Parents:*** **Have option of participating via phone or written comments. Review may proceed without you if you cannot attend.**

4. *Child's tribe:* If the tribe has intervened. Review proceeds without them if they cannot attend.

5. Optional: *Attorneys* - Parents may invite their attorneys to attend. The worker may invite the division attorney, if a parent's attorney is planning to attend.

Children - The child may attend at the discretion of the worker.

Others - May include any other persons (such as therapists) involved in the case plan, at the discretion of the worker.

CONFIDENTIALITY

DFYS is responsible for ensuring the confidentiality of all information concerning the clients it serves. This responsibility extends to you in the performance of your duties as a foster parent.

The social worker/probation officer will be sharing all necessary information with you about the child and his family to enable you to care for the child. You are expected to respect the privacy of the child and his family by keeping this information about them confidential except as described below.

You may only share pertinent information about children in your care with other individuals when necessary for the provision of care, treatment or supervision of the child. Such individuals may include doctors, teachers, counselors or even a babysitter. However, you should be careful not to share background information and child abuse/neglect information about the child and her family with your relatives, friends or neighbors. When speaking about the child in her presence, it is important to be sensitive to her feelings so that she is not embarrassed or singled out as being different.

LONG-TERM FOSTER CARE

In some situations, the child cannot return to her home, nor is it in the best interests of that child for parental rights to be terminated. In these cases, long-term foster care may be the permanent plan for the child. Formalized long-term foster care may be appropriate when it would allow the child to remain in a stable placement that has exceeded one year, and:

1. Clear documentation in the case record indicates that services have been provided to the family, but the child is unlikely to return home;

2. Adoption is not feasible, because:

    a. Legal impediments exist, or

    b. Careful casework counseling has determined that the child and/or foster parents are not ready for adoption;

3. Guardianship is not feasible, because:

    a. Legal difficulties exist, such as parental objection or difficulty in terminating parental rights, or

b. The foster family cannot afford to support the child under guardianship, or the child has special needs the foster family cannot meet;

4. Long-term foster care may be an interim agreement guaranteeing permanency to the child while both the child and the foster family are considering guardianship or adoption.

These are the steps necessary to implementation of a long-term foster care plan:

1. The worker discusses this option with the foster parents and child, determining that the foster parents are definitely willing to commit to raising the child until adulthood, and the child wants to stay.

2. The worker presents the case to the permanent placement staffing team and long-term foster care is approved by the team as the most appropriate permanent plan for the child.

3. The worker, child and foster parents sign a formal agreement clearly stating that the child will remain with the foster family on a permanent basis. The signing of the agreement is conducted with everyone present, including the foster family's own children, and is presented to the child as an important accomplishment for permanency.

EMANCIPATION

Emancipation/independence may be the best option for children in division custody who are at least 16, who will in all likelihood reach the age of majority while in the foster care system, because a permanent family plan is not possible. Emancipation is a major step in a young person's life. It has serious and immediate consequences. The responsibilities of adulthood can be overwhelming for a person who does not have a stable living situation and a steady income. For this reason, emancipation will only be granted to a minor who is living responsibly on his/her own. When the child is willing and appropriate for emancipation, the worker will develop such a plan, and will need your assistance. The DFYS worker must:

1. Assess and document the child's ability for self-support.

2. Build an individual case plan around emancipation.

3. Provide or arrange for the provision of services to assist the youth. This should include, but not be limited to, counseling in:

   a. Completing education through high school or GED

   b. Apartment living/home management

   c. Money management

   d. Obtaining health care

e. Referral for family planning counseling

f. Obtaining employment

g. Obtaining driver's license, insurance, etc.

h. Referral to organizations that can help in social, emotional and spiritual development

i. Making sure there is a clear understanding of the new legal status/rights of emancipation and the reason for the agency's involvement

j. Assisting the youth through the legal process in obtaining an emancipation. A guardian ad litem should also assist in this aspect.

4. Provide or arrange for adequate supervision of clients in independent living situations.

5. Complete payment procedures for providers of supervision and/or maintenance of youth in independent living situations.

ADOPTION

The primary purpose of adoption is to help children, who would not otherwise have a home of their own and who can benefit by new and permanent family ties, to become members of a family which can give them the love, care, protection and opportunities essential for their healthy personal growth and development. This is based on the belief that it is the right of every child to be part of a family.

The objective of the division's adoption program is to place for adoption all eligible children in need of a family, through the effective recruitment and utilization of families suitable as adoptive parents. To be eligible for adoption, the child must be in the legal custody of the department and, if old enough, be accepting of the concept of adoption. In addition, either parental rights must be terminated *or* a determination must be made that the possibility of returning the child home is either very unlikely or is no longer the case plan.

In formulating recommendations regarding foster-adopt or adoptive placement of *non-Native children*, the division must consider (unless contrary to the child's best interests) the following placement preferences:

First: Placement with relatives.

Second: Placement with a family of the same ethnic background. (Foster parents may be considered here.)

The Indian Child Welfare Act (ICWA) specifies an order of preference for the adoptive placement of *Native children*. The placement preferences are:

First: A member of the Native child's extended family. If a member of a child's extended family cannot be located or shows no interest in adopting the child, or is inappropriate, the next alternative is:

Second: Other members of the Native child's tribe.

Third: Other Native families. Whenever possible, the other Native family should be of a similar Native/Indian heritage and language group. For example, a Tlingit child should be placed with a Tlingit family, rather than with an Eskimo family. An Inupiat Eskimo child should be placed with an Inupiat Eskimo family, rather than a Yupik Eskimo family. If all attempts to find a family of similar heritage and language fail, then move on to consider a Native family of dissimilar heritage such as an Athabascan child with an Eskimo family. American Native families in other parts of the United States also fall under this preference.

If you are interested in adopting a foster child who is in your home, talk with the division worker to determine the child's legal status, and where you fit in, according to placement preference rules, as above.

GUARDIANSHIP

Legal guardianship is another option in making a permanent plan for a foster child. Guardianship is appropriate for children who no longer need protection but for a number of reasons cannot return to their own homes. Guardianship is a legal process by which another adult is given custodial responsibilities for the child. Foster parents may consider this option in the case of the older child who may not want to be adopted but, rather, wishes to maintain her name and sense of identification with her family.

INDIAN CHILD WELFARE ACT

The Indian Child Welfare Act is a federal law passed by Congress in 1978 to protect Native families from the loss of their children. The act requires state courts and child welfare departments to respect the need for Native children to grow up within their own culture. If a Native child is involved, the act applies:

1. Whenever DFYS or an individual starts a court case which might result in Native children being removed from their home.

2. Whenever there is a court case to terminate a parent's right to their children.

3. Whenever a Native child is moved from one foster home or institution to another foster home or institution.

4. Whenever a Native child is placed for adoption.

5. Whenever Native parents or custodians want to voluntarily place their children in foster care or relinquish their parental rights.

When Native children are placed outside of their home, DFYS must try to place them:

* First, with relatives.
* Second, with a family approved by the child's tribe.
* Third, with a Native foster family.
* Fourth, with a non-Native foster family.

These same standards apply when Native children are placed for adoption.

9

MISCELLANEOUS

RESPITE CARE
- Procedures

MOVING WITH A FOSTER CHILD
- Local moves
- In-state moves
- Out-of-state moves

LIABILITY INSURANCE
TRAINING
FOSTER PARENT GRIEVANCE PROCESS
COMPLAINTS REGARDING FOSTER PARENTS
LICENSING APPEAL
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FOSTER PARENT ASSOCIATIONS
- Alaska association
- National association

BILL OF RIGHTS FOR FOSTER CHILDREN
BILL OF RIGHTS FOR FOSTER PARENTS
DIRECTORY OF REGIONAL OFFICES

RESPITE CARE

Respite care, which is the temporary care of a foster child, may be utilized for both medical and non-medical situations.

Respite care benefits can be provided for physically or mentally handicapped foster children when the foster parents are away from home because of an emergency, or when foster parents are on vacation. Respite care is also available as part of a plan to periodically relieve foster parents who are dealing with a particularly difficult child.

Foster parents who need to locate respite care should contact their social worker or probation officer to see if arrangements can be made for the child's care in another foster home placement or other type of facility. Such an arrangement can be made whenever the situation warrants and should, in some instances, be a part of the initial case plan.

Procedures

1. Use of respite care must receive the prior approval of the worker or supervisor.

2. Contact the child's social worker or probation officer and explain the circumstances.

3. The worker will submit a form for payment.

4. To receive approval for respite care for a vacation, contact the child's social worker or probation officer *at least 30 days* prior to the planned vacation.

MOVING WITH A FOSTER CHILD

Whether your move is within the same city, to a different state or to a different country, you must contact your social worker or probation officer as soon as possible prior to the move. Items which you should be aware of regarding moves include:

Local moves

If the planned move is local, DFYS must be sure that your new home or apartment also meets basic fire and health standards, and provides enough room for the foster child. A foster home license is not transferable to a new address. Once it has been determined that the new home meets the standards, a revised license and identification card showing your new address will be issued.

In-state moves

If the planned move is to another area of the state, the social worker or probation officer will be involved in any decision for a foster child to move with you. If it is decided that the foster child will move with you, you will be required to contact the division's office in the area to which you are moving, have them review the adequacy of your new home or apartment, and issue a revised license. In most cases, a social worker or probation officer from the office in your new location will be assigned to provide courtesy supervision for your foster child's case. That social worker or probation officer will be visiting your home regularly to get to know both you and the foster child. The foster home payment rate may also change, as it differs from one area of Alaska to another.

Out-of-state moves

While each case is considered individually, the division generally does not approve such moves, if the case plan is to eventually reunite the child with her family. In the event of approval of a foster child's out-of-state move with you, the State of Alaska and the receiving state or country would enter into a formal agreement by which Alaska would retain custody of the child and responsibility for financial support.

The receiving state would provide casework services to the foster child and would send regular reports to the division worker in Alaska. The foster care payment will continue to be paid by Alaska, but will be adjusted according to the rate paid by the receiving state.

LIABILITY INSURANCE

Liability coverage is provided for all Division of Family and Youth Services foster families through the Alaska Department of Administration, Division of Risk Management. This coverage is designed for legal actions brought against the foster parents because of accidental injury to the child or damage caused by the child to someone else's property or

person. This coverage is in effect during any period in which you are providing foster care.

The state insurance does *not* cover any accidents involving motor vehicles. Foster parents are expected to be fully insured whenever driving; and the foster child may not drive without being fully insured. (For more complete information on circumstances under which foster children may drive, see page 15.)

TRAINING

With the new foster care regulations (anticipated effective date, July 1989) foster parents are required to complete 15 hours of training each year in order to remain as licensed foster parents for the Division of Family and Youth Services. The division is responsible for assuring that such training is available at no cost to you. There will be a few courses that all foster parents will be required to take, but there will also be a number of choices, depending on your interests and area of specialization (for example, medically dependent children). There may be specialized training seminars or courses offered by the branch of the university in your area or a conference that would count toward your annual requirement. These training opportunities should be approved by the division in advance to assure they are creditable toward your training requirement.

NOTE: Specific training information will be sent to you from Fairbanks by the division's training contractor, Northwest Resource Associates.

FOSTER PARENT GRIEVANCE PROCESS

Sometimes a foster parent has a complaint about an action of the division. If you have a complaint and feel you cannot resolve it with your social worker/probation officer or their supervisor, you may follow the division's formal appeal procedure, which is defined in regulations. A copy of the form (# 06-9538) to use in submitting a formal complaint is in the *forms* section, chapter 10.

COMPLAINTS REGARDING FOSTER PARENTS

The division receives two types of complaints regarding substitute care providers:

1. A licensing complaint (a complaint that alleges violation of one or more licensing standards)

2. A child protective services (CPS) complaint (a complaint that alleges abuse or neglect of a child residing in a foster home).

The following **policy and procedure** is taken directly from the division's licensing manual.

POLICY:

The division will investigate all reports of harm to children in foster homes. Social

work staff not responsible for licensing, will investigate all reports involving physical or sexual abuse and gross neglect of a child. Licensing staff or other staff responsible for licensing, will investigate all other reports and complaints concerning care facilities.

PROCEDURE:

(a) If the report alleges physical abuse, sexual abuse or gross neglect in a foster home:

1. Staff the report with the supervisor, a licensing worker and any other workers having children in that placement, as part of the plan of investigation.

2. The supervisor will place an immediate hold on further placements in the home until the investigation is completed.

3. The licensing worker will determine if the grounds exist for an investigation. If so, the licensing worker will draft the complaint, providing the original to the investigating worker.

4. The investigating worker will investigate the allegations of harm and the violation of licensing regulations. The worker will follow all procedures for investigation of a report of harm, as detailed in this manual.

5. If no determination regarding substantiation has been made by the end of the working day, remove the alleged victim and all other children placed in the home until the investigation is completed.

6. The investigating worker will notify the supervisor, the licensing supervisor, and the RSSM of the allegations and outcome of the investigation.

(b) If a report alleging physical abuse, sexual abuse or gross neglect in a foster home is substantiated:

1. Remove the victim and all other children placed in the home.

2. Place a hold on all future placements in the home until the home has successfully completed a plan of correction or the license has been terminated or voluntarily withdrawn. The worker will notify the foster parents of the hold on placements when the investigation is completed.

3. Licensing staff will determine whether the home should continue to be licensed or whether to move to terminate the license. If the license is to continue, licensing staff will design a plan of correction with the foster parents.

4. The investigating worker will notify all other workers who have children placed in a home where allegations have been made.

The licensing worker follows up to investigate any standard violations or to take action based on the protective services worker report.

LICENSING APPEAL

Under the Alaska Administrative Code, if DFYS finds that an applicant or a licensed foster home does not comply with the provisions contained in the licensing standards or the specific terms of a license that has been issued, the division has the responsibility to deny or revoke the license. When that decision has been made, written notice must be given by the division to the applicant or licensed foster parent(s).

The notice of denial or revocation from DFYS will include:

* Purpose of the letter. Notification of denial of the application or revocation of the license, including the effective date of the action, and advice to the applicant or foster parent(s) of the right to request within 15 days after receipt of the letter an appeal of the decision. A request for an appeal should be made on the form provided.

* Reference to any previous letter(s) of non-compliance, including the standard-by-standard evaluation.

* Date(s) of investigations or licensing evaluation(s) and name(s) of the DFYS worker(s) who conducted the investigations or evaluation(s).

* Legal basis for action and applicable standards contained in the Alaska Administrative Code.

* A listing of standards not met and the specific facts supporting a finding of non-compliance.

* A statement that, if no appeal is requested through a notice of defense, the denial or revocation is automatically effective and the license, in the case of revocation, is to be returned within five days after the effective date of revocation.

If an individual chooses to appeal the decision, notification of this intent must be received by the regional social services manager (RSSM) or regional administrator (RA) within 15 days of the division's notice of denial. Contact the local licensing worker for the name of the local RSSM or RA.

INCOME TAX INFORMATION

The payments you receive for providing care are *not considered as income* and need not be reported when you file your income tax return. Payments are reimbursement for expenses incurred in providing care for the child or children in your home. Special increased payments/reimbursements for children requiring extra care also are not considered as income. You may contact your nearest Internal Revenue Service (IRS) office for more detailed information.

DISCRIMINATION

Public Law 88-352, The Civil Rights Act of 1964, was approved July 2, 1964. This act is intended to prevent discrimination in federally assisted programs. No person in the United States shall, on the grounds of race, color, national origin or handicap, be excluded from participation in, be denied the benefits of or be subjected to discrimination under, any program or activity receiving federal financial assistance or child welfare service. (The Alaska foster care program receives federal funding.)

If you believe you have observed any discrimination by staff or vendors, such as providers of medical care and services, in relation to the services this agency is providing to foster children in your home, you should inform your worker.

THE ALASKA FOSTER PARENTS ASSOCIATION (AFPA)

By MIRIAM SUMNER
AFPA PRESIDENT

What is the Alaska Foster Parents Association?

AFPA is the statewide foster parent association. It includes eleven local chapters. The association provides resources for information and support to foster parents and others interested in children's issues related to foster care.

We are also active in training and strongly support the concept that those of us who deal with children in out-of-home situations should become more knowledgeable in how we can best meet the needs of children and families. Training is the vehicle that can best prepare foster families to meet and understand those needs. Many of the problems that cause distress in children who have been removed from their families are not common in normal child rearing. People who welcome these children into their families need to be more aware of these problems, how they affect the child and how they can help these children.

AFPA supports foster parents in many ways. You should know that there is someone who understands and cares. We are limited in that we have no magic wand, but we will help you all we can. Feel free to call on AFPA or you local chapter.

We also try to provide information services through our newsletter and the legislative newsletter which we originated this year.

We strongly urge each foster parent community that does not have a local chapter to consider forming one. We will happily provide technical services and assistance to help you get your group formed.

For questions concerning these topics, as well as any others you might be interested in, contact:

Miriam Sumner (907) 745-2196/745-2171
Alaska Foster Parents Association
P.O. Box 140651
Anchorage, AK 99514

Local foster parent association chapters and contact names are:

Mat-Su FPA (907) 745-2036
Helena Whitstine
Star Route HC02, Box 7477
Palmer, AK 99645

Anchor FPA (907) 337-7066
Pat Nevak
1749 Skilak Circle
Anchorage, AK 99504

Kenai FPA (907) 262-7928
Mary Lambe
P.O. Box 493
Kasilof, AK 99610

Kodiak FCA (907) 486-3439
Dave Hudson
304 Wilson
Kodiak, AK 99615

YUIT (Bethel) FPA (907) 543-4060
John Stachelrodt
P.O. Box 1554
Bethel, AK 99559

Juneau FPA (907) 789-2875
Karen Kostenko
9237 Gee Street
Juneau, AK 99801

Ketchikan FPA (907)225-2519
Della Dunkin
P.O. Box 3142
Ketchikan, AK 99901

Wrangell FPA (907) 864-3874
Fred Thruston
P.O. Box 964
Wrangell, AK 99929

Fairbanks FPA (907) 479-0885
Pam Worman
P.O. Box 1595
Fairbanks, AK 99707

Bering Sea FPA (907) 443-5386
Helen Lee
P.O. Box 1209
Nome, AK 99762

Anchorage Youth Services FPA
(907) 562-3844
Lin Coleman
1007 W. 53rd
Anchorage, AK 99518

NATIONAL FOSTER PARENT ASSOCIATON (NFPA)

The first national organization for foster parents came into being on May 7, 1972 at the second National Foster Parent Conference in Denver, Colorado. Its purpose was to bring together foster parents, agency representatives and child advocates into a coalition for foster children and foster families. The intention was to promote mutual coordination and communication among all parties in the system; to improve, by such partnership, foster care services; to enhance and assist in the recruitment of new foster families; to encourage training and education for foster parents and workers; to advocate with legislative bodies for needed foster care reform and assistance; and to inform the membership of current information pertaining to the well-being of children needing foster care services.

The association's annual training conferences have continued uninterrupted as the prime offering of the NFPA, rotating among geographical regions of the nation to enable more foster parents to participate. Each year the conference offers intensive training with workshops on the topics most needed by foster parents and workers, presented by acknowledged specialists. NFPA offers many other services to its membership.

Membership is open to anyone who is interested in improving the foster care system and enhancing the lives of children and families. For more information write:

National Foster Parent Association, Information/Services Office
226 Kilts Drive; Houston, TX 77024 or call **(713) 467-1850.**

BILL OF RIGHTS FOR FOSTER CHILDREN

Ratified in Congress Hall, Philadephia
Saturday, the Twenty-eighth of April, Nineteen hundred and seventy-three

EVEN more than for other children, society has a responsibility along with parents for the well-being of foster children. Citizens are responsible for acting to insure their welfare.

EVERY foster child is endowed with the rights inherently belonging to all children. In addition, because of the temporary or permanent separation from and loss of parents and other family members, the foster child requires special safeguards, resources and care.

EVERY FOSTER CHILD HAS THE INHERENT RIGHT:

Article the first. . . . . .to be cherished by a family of his own, either his family helped by readily available services and supports to reassume his care, or an adoptive family or by plan, a continuing foster family.

Article the second . . . . . .to be nurtured by foster parents who have been selected to meet his individual needs and who are provided services and supports, including specialized education, so that they can grow in their ability to enable the child to reach his potential.

Article the third. . . . . .to receive sensitive, continuing help in understanding and accepting the reasons for his own family's inability to take care of him, and in developing confidence in his own self-worth.

Article the fourth . . . . . .to receive continuing loving care and respect as a unique human being. . . . . a child growing in trust in himself and others.

Article the fifth. . . . . .to grow up in freedom and dignity in a neighborhood of people who accept him with understanding, respect and friendship.

Article the sixth. . . . . .to receive help in overcoming deprivation or whatever distortion in his emotional, physical, intellectual, social and spiritual growth may have resulted from his early experiences.

Article the seventh. . . . . .to receive education, training and career guidance to prepare him for a useful and satisfying life.

Article the eighth . . . . . .to receive preparation for citizenship and parenthood through interaction with foster parents and other adults who are consistent role models.

Article the ninth. . . . . .to be represented by an attorney at law in administrative or judicial proceedings with access to fair hearings and court review of decisions, so that his best interests are safeguarded.

Article the tenth. . . . . .to receive a high quality of child welfare services, including involvement of the natural parents and his own involvement in major decisions that affect his life.

BILL OF RIGHTS FOR FOSTER PARENTS

March 31, 1985

We, the foster parents of the State of Alaska, recognize the need to form a more professional relationship and attitude between agency and foster parents in order to better treat the children in our care; insure just tranquility between foster homes and agency personnel; promote the welfare of all parties; and secure the blessings of the rights of liberty, security and privacy. With this in mind, we do ordain and publish this Bill of Rights for all foster parents. In ordaining these rights, we also accept the responsibilities and consequent liabilities inherent within each quoted right.

We, the foster parents of the State of Alaska...

...retain all rights as guaranteed under the United States Constitution and its amendments.

...have the right to accept or reject a child for placement in our home.

...have the right of pre-placement planning, whenever possible.

...have the right of timely disclosure of information on any child we accept including medical, physical, behavioral and environmental backgrounds, caseplan, agency expectations, and all placement documents.

...have the right to be informed in a timely manner of any additional information or changes that may affect the child in our care.

...have the right to limit the number of children we accept in our homes.

...have the right to timely access to the child's caseworker or supervisor.

...have the right to expect regular contacts and home visits from the child's caseworker for the purpose of mutual exchange of information and joint planning efforts.

...have the right to recognition, acceptance and support of our status as professional volunteer parents.

...have the right to express concerns and request additional services for any child we accept.

...have the right to state complaints and grievances against agency practice or procedure or personnel, and excercise any procedures applicable under Division of Family and Youth Services policy for the benefit or security of the child or foster family without fear of reprisals.

...have the right to participate in decision making and recognition of the advocacy role we play when the child has been placed in our care.

...have the right to respite from the responsibilities of a foster parent at our discretion.

...have the right to continuity and maintenance of our own family including sensitivity to the privacy of our home.

...have the right to be involved in all relevant matters concerning the future of the foster child in our care.

DIRECTORY OF REGIONAL OFFICES

Regional Social Services Managers
(Family Services)

Southeastern Region
Carrie Smith, Regional Social Services Manager
230 South Franklin Street, Suite 212
Juneau, Alaska 99801
(907) 465-3125

Western Region
Josephine Angaiak, Regional Social Services Manager
P.O. Box 328
(State Office Building)
Bethel, Alaska 99559
(907) 543-3141

Northwestern Region
Ronald Parker, Regional Social Services Manager
P.O. Box 221
Nome, Alaska 99762
(907) 443-5247

Northern Region
Rod Caskey, Regional Social Services Manager
1001 Noble Street, Suite 400
Fairbanks, Alaska 99701
(907) 452-1844

Southcentral Region
Linden Staciokas, Regional Social Services Manager
P.O. Box 240249
(550 West 8th Avenue, Suite 300)
Anchorage, Alaska 99524-0249
(907) 265-5080

Regional Administrators
(Youth Corrections)

Southeastern Region
Marlyn Olson, Regional Administrator
3252 Hospital Drive
Juneau, Alaska 99801
(907) 586-9433

Southcentral Region
Dwight Becker, Regional Administrator
550 West 8th Avenue, Suite 304
Anchorage, Alaska 99501
(907) 265-5095

Northern Region
Gene Shafer, Regional Administrator
1502 Wilbur Street
Fairbanks, Alaska 99701
(907) 452-1581

10
FORMS

FORMS USED BY FAMILY SERVICES *and* YOUTH CORRECTIONS

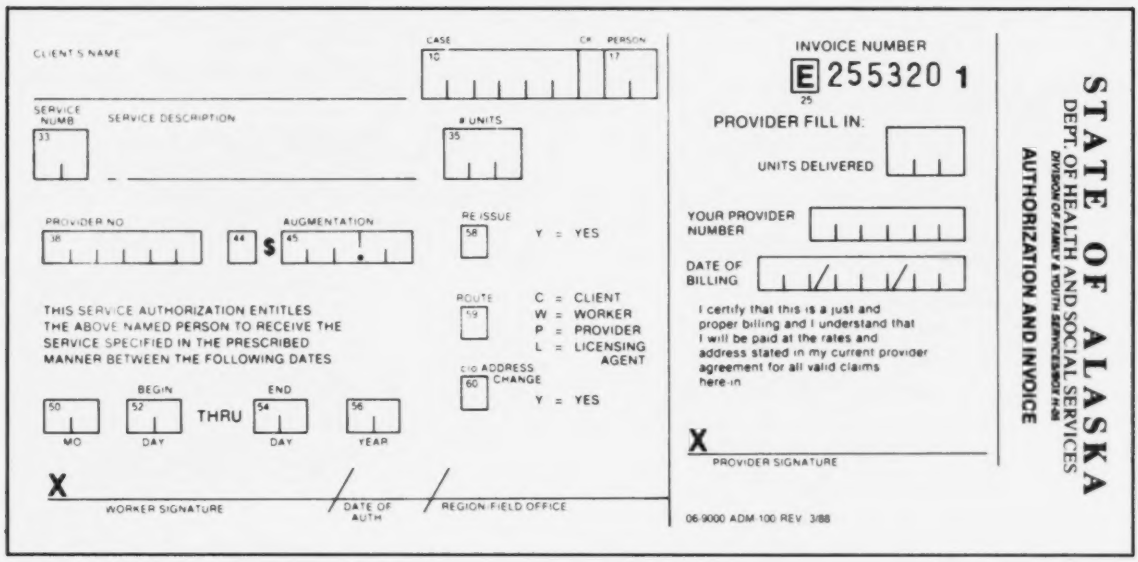
#06-9000	Authorization and Invoice (A&I)
#06-9538	Complaint Form

FAMILY SERVICES FORMS

#06-9242	Emergency Accident, Illness, and Incident Report
#06-9708	Case Plan
#06-9709	Placement Review
#06-9710	Request for Funds (Special Needs and/or Augmented)
#06-9711	Clothing Authorization
#06-9714	Foster Care Placement Agreement
#06-9715	Placement Plan
#06-9716	Consent for Emergency and Routine Medical Care
#06-9717	Authority to Transport a Minor and Arrange for Emergency Medical Care

YOUTH CORRECTIONS FORMS

YC substitute for #06-9009	Consent for Emergency Medical or Surgical Care
#06-9031	Request for Special Funds
#06-9440	Foster Parent Report of Stolen/Damaged Property or Personal Injury
#06-9469	Augmented Foster Care Placement Agreement and Plan
#06-9536	Youth Corrections Case Plan
#06-9535	Case Review
Unnumbered	Foster Care Placement Agreement (Includes Foster Care Clothing Inventory and Request Form)
Unnumbered	Clothing Authorization


CLIENT'S NAME
CASE
10
CR
PERSON
17
SERVICE NUMB
33
SERVICE DESCRIPTION
UNITS
35
PROVIDER NO
38
44
$
AUGMENTATION
45
RE ISSUE
58
Y = YES
THIS SERVICE AUTHORIZATION ENTITLES THE ABOVE NAMED PERSON TO RECEIVE THE SERVICE SPECIFIED IN THE PRESCRIBED MANNER BETWEEN THE FOLLOWING DATES
ROUTE
59
C = CLIENT
W = WORKER
P = PROVIDER
L = LICENSING AGENT
C/O ADDRESS CHANGE
60
Y = YES
BEGIN
END
50
MO
52
DAY
THRU
54
DAY
56
YEAR
X
WORKER SIGNATURE
DATE OF AUTH
REGION-FIELD OFFICE
INVOICE NUMBER
E 255320 1
25
PROVIDER FILL IN:
UNITS DELIVERED
YOUR PROVIDER NUMBER
DATE OF BILLING
I certify that this is a just and proper billing and I understand that I will be paid at the rates and address stated in my current provider agreement for all valid claims here-in
X
PROVIDER SIGNATURE
06-9000 ADM 100 REV. 3/88
STATE OF ALASKA
DEPT. OF HEALTH AND SOCIAL SERVICES
DIVISION OF FAMILY & YOUTH SERVICES
AUTHORIZATION AND INVOICE

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF FAMILY AND YOUTH SERVICES

COMPLAINT FORM

To be completed by aggrieved individual and submitted to the Supervisor or to the Field Services Administrator, if the complaint is against a person directly supervised by the Field Services Administrator.

Today's Date: ___/___/___ Date Incident Occurred or Complaint Originated: ___/___/___

Who are all the person involved in the situation?

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Statement of Complaint: _____

Form 06-9538 (5/89) ADMIN

Steps Already Taken to Resolve the Complaint: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Remedy Expected: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signed: _____ _____

Print name and Relationship to Agency

Form 06-9538 (5/89) ADMIN

ALASKA DEPARTMENT OF HEALTH
AND SOCIAL SERVICES

EMERGENCY ACCIDENT, ILLNESS, AND INCIDENT REPORT

NAME:	AGE:	SEX:
ACCIDENT/INCIDENT DATE:	TIME:	PLACE:
OBSERVED BY:		

Cause of Accident, Illness, Incident, or Other Emergency:

- Serious illness or medical emergency requiring treatment [ ]
- Vehicle wreck involving injury [ ]
- [ ]
- Physical acts of violence or abuse by or against a resident [ ]
- Behavior that is excessively disturbing or deleterious to others [ ]
- Serious incident complaints from neighbors or family [ ]
- Absence without prior notice [ ]
- Incident where law enforcement is involved [ ]
- Suicide or suicide attempt [ ]
- Death [ ]
- Drug or alcohol related incident [ ]
- Pregnancy [ ]
- Surgery [ ]
- Any incident caused by fire, severe weather, or other disaster [ ]
- Other [ ]

Brief description of emergency/incident: _____

_____

_____

Describe circumstances precipitating emergency/incident: _____

_____

_____

Describe action taken: _____

_____

_____

First aid given? [ ] Yes [ ] No By whom?: _____
Hospitalized? [ ] YES [ ] No Name of Hospital: _____

NOTIFICATIONS

Name of Placing/Referral Agency Personnel Notified, Agency Name — Time of Notification

Name of Relative, Sponsor, or Guardian Notified, if Appropriate — Time of Notification

Name of Physician Notified, if any — Time of Notification

Physician's Statement (Regarding Injuries, Treatment Ordered, & Disposition of Parent):

_____

_____

Licensing must be immediately notified of incidents involving suicide attempts, cruel or abusive treatment, fire, serious injury, or death of a child or resident.

Signature of Person Reporting — Date

06-9242 (Rev. 08/82)

( ) INITIAL _____ Date
( ) REVIEW _____ Date

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
Division of Family and Youth Services
Case Plan

IV-E ELIGIBLE
Yes ___ No ___

Child's Name _____ DOB: _____
Placement Type: Family Home: _____ Relative Home: _____ Residential Care: _____ Foster Care: _____
Other: (Define) _____
Placement Name: _____ Date of Placement: _____
Date of Removal from Home: _____ Date Plan Initiated: _____
Was Placement Done on Emergency Basis: Yes ___ No ___

REASON FOR PLACEMENT:

_____ Neglect _____ Physical Abuse _____ Sexual Abuse _____ Runaway _____ Relinquishment _____ Abandonment
Briefly explain why child cannot remain at home: _____

Services Provided to Prevent Placement:
__ Individual Therapy __ School and/or Home Monitoring __ Day Care Services __ Home Based Services
__ Homemaker Service __ Drug and Alcohol Counseling __ Family Counseling __ Other
Why are preventive in-home services no longer appropriate? _____

This placement meets the requirement for least restrictive: ___ Yes ___ No
in close proximity to parental home and relative placement: ___ Yes ___ No
Explain why this placement is in the best interest and meets the special needs of the child:

PERMANENCY PLANNING GOAL:

____ Maintain in home
____ Return home
____ Independent living
____ Permanent placement with relatives/foster
____ Permanent placement with relatives/adoption
____ Permanent foster/nonrelative
____ Adoption: nonrelative
____ Guardianship relative
____ Guardianship nonrelative

PLAN OF ACTION

(Using the Risk Assessment Scores & Cumulative information, Address the Priority Issues for this Period of Service)

PRESENTING ISSUE #1:

Short Range Task:

PARENT: _____

CHILD: _____

CAREGIVER: _____

SOCIAL WORKER: _____

06-9708 CPS 4/89

PRESENTING ISSUE #2: _____

Short Range Task:

PARENT: _____

CHILD: _____

CAREGIVER: _____

SOCIAL WORKER: _____

PRESENTING ISSUE #3: _____

Short Range Task:

PARENT: _____

CHILD: _____

CAREGIVER: _____

SOCIAL WORKER: _____

Case to be reviewed __/__/__ (Not to exceed 6 months from date of placement or last review)

SIGNATURES: I have read and understand this plan.

	DATE	CHECK IF RECEIVED COPY OF THIS PLAN OR REASON NOT RECEIVED
PARENT:		
PARENT:		
CAREGIVER:		
CHILD:		
SOCIAL WORKER:		
SUPERVISOR:		
TRIBAL REPRESENTATIVE:		
OTHER:		

COPIES HAVE BEEN MADE AVAILABLE TO ABOVE PARTIES.
ATTACH PLACEMENT PLAN WHEN APPROPRIATE.

Form 06-9708 CPS 4/89

ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES
DIVISION OF FAMILY & YOUTH SERVICES

Review Meeting Date _____

FAMILY SERVICES

PLACEMENT REVIEW

Child's Name: _____ DOB: _____

Placement Type: _____ Foster Home _____ Residential Care _____ Shelter _____ Other

Initial Removal from Home: _____

If placement has changed since last review, date of most recent placement: _____

Describe the appropriateness of placement in relation to least restrictive _____

_____

Describe the appropriateness of placement in relation to close proximity to parental or relative home _____

_____

Were parents notified of this review: Mother __Yes __No __N/A; Father __Yes __No __N/A

If "No", explain: _____.

Were parents notified of any changes in child's location during the past review period?

____ Yes ____ No ____ N/A. If "No", explain _____.

Were parents notified of any changes in visitation rights during the past review period?

____ Yes ____ No ____ N/A. If "No", explain _____.

REASON FOR CONTINUED PLACEMENT: ___ Neglect ___ Physical Abuse ___ Sexual Abuse

___ Runaway ___ Relinquishment ___ Abandonment ___ Other

Briefly Explain why child continues to need out-of-home placement: _____

_____

_____

Describe the extent of progress made toward alleviating or mitigating the causes necessitating placement: _____

_____

_____

Describe the extent of compliance with the case plan: _____

_____

_____

Project a date by which the child is likely to achieve the permanency planning goal. _____

Case to be reviewed by ____/____/____ (not to exceed 6 months)
mo day yr

CASE REVIEW PARTICIPANTS: Signature	Attended		Check if received copy of plan or reason not received
Parent: _____	___Yes	___No	_____
Parent: _____	___Yes	___No	_____
Caregiver: _____	___Yes	___No	_____
Child (as able): _____	___Yes	___No	_____
Tribal Representative: _____	___Yes	___No	_____
Social Worker: _____	___Yes	___No	_____
Review Committee Member/Title: _____	___Yes	___No	_____
Supervisor: _____	___Yes	___No	_____
Other: _____	___Yes	___No	_____

06-9709 CPS 4/89

ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES
DIVISION OF FAMILY & YOUTH SERVICES

REQUEST FOR FUNDS

Region No. _____

Child's Name _____ DOB __/__/__ Worker PCN No. _____

Case No. _____ Date _____

TYPE OF REQUEST (check one):
( ) Special Needs ( ) Augmented
Give specific detail of service including attempts to meet the need through alternate resources.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Total Cost: _____ _____
Vendor or Provider Name

Beginning: __/__/__

Ending: __/__/__ Provider No.: _____

= = = =

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF FAMILY AND YOUTH SERVICES

STEVE COWPER, GOVERNOR

CLOTHING AUTHORIZATION

Authorized Vendor: _____ Date _____

Authorized Purchaser: _____

Type of Purchase: _____

Purchased For: _____

Amount Authorized, Not to Exceed: _____

If the purchase is charged, please send an itemized invoice to:

within 30 days of the purchase date. The invoice must indicate the name of the child for whom the clothing was purchased.

If the purchase was paid for, the care provider must submit to the same address, the receipt and name of the child for whom the clothing was purchased.

Provider and Vendor:

Clothing in this context means: besides regular clothes, boots, shoes, gloves, mittens, raingear, winter hats and scarves, diapers and baby blankets. It does not include purses, jewelry or other fashion accessories.

By: _____ Phone: _____
Authorized Signature

Distribution: 1 - Vendor
1 - Authorized Purchaser
1 - Case File
1 - Accounting Clerk

06-9711 CPS PUR CFC RCCF 4/89

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF FAMILY AND YOUTH SERVICES

FOSTER CARE PLACEMENT AGREEMENT

We, _____, foster parents, have today (date) _____ received into our home _____ from the Alaska Division of Family and Youth Services. We will provide shelter, food, guidance and supervision for which the Division will pay at the rate of $_____ a _____. If this is an emergency placement and if care exceeds 30 days, the rate will automatically revert to the standard rate of $_____ per _____. Medical and dental care will be furnished through _____ Medicaid, _____ ANHS, _____ special funds, or other as specified _____.

- -

In accepting this child(ren) for foster care, we agree to provide appropriate care and to cooperate in the following ways:

1. To complete the clothing inventory and if additional clothing is necessary to meet minimum standards, complete the clothing request and submit the form to the worker.

2. To comply with all licensing regulations.

3. Should something occur which would indicate removal of the child, we agree to give the Division two weeks notice, if possible. We also understand that the Division has the right to remove the child from our home at any time, but whenever possible, it will give us two weeks notice.

4. To complete the child Quarterly Progress Evaluation form quarterly and prior to, or at the time of discharge from placement.

5. To refer complaints of parents, guardians, and others to the Division worker.

6. To cooperate with the visitation plan as outlined on the placement plan. To notify the worker immediately if circumstances arise which affect our ability to abide by the plan, including, but not limited to any difficulties that might arise with the natural parents or scheduling problems.

7. To accept no money from the parents or guardians, except in specific cases where approval by the Division is given.

8. To maintain the confidentiality regarding the child, his/her problems and parentage or guardianship as required by Alaska Statute 47.35.060.

9. To follow limitations on Medical Consent Form 06-9716, supplied with this placement agreement.

The Division in using this home/facility for the placement of any child agrees to notify the foster parents at the earliest opportunity of any change to be made in the plans for the child, to fulfill its responsibility for terms agreed upon in placement of the child, and to provide information regarding the child's history and current status.

A copy of the placement plan shall be provided prior to or at the time of placement. In cases of emergency placement the Placement Plan shall be completed with the information available at the time of placement.

I/We have received and reviewed the placement plan.

_____ _____ _____ _____
Signature of Foster Parent(s) Date Signature of Foster Parent(s) Date

_____ _____
Signature of Worker/ Date

Distribution: Original - DFYS File
Canary - Foster Parents

Form 06-9714 CPS (4/89)

Page 1 of 2

Child's Name _____

FOSTER CARE CLOTHING INVENTORY AND REQUEST FORM

No. of Items	Item	Current Clothing	Needed Clothing	Price Each	Total Cost	Discharge Inventory
4	Pants/Slacks					
5	Shirt/Blouses					
2	Dresses					
3 sets	Underwear - Including sox, panties, briefs, bras.					
1	Dress shoes					
1	School shoes					
1	Pajamas					
1	Robe					
1	Jacket/Sweater					
1	Coat					
1	Boots					
1	Snow Pants					
1	Hat					
1	Gloves/Mittens					
3	Blankets					
2 dozen	Diapers					
1	Snow Suit					
1	Sleepers					
4	Gowns					
4	T-shirts					
1	Diaper bag					
6	Outfits					
3	Booties/Socks					
1	Shoes					

Approximate total cost of all items needed: _____

Requested by: _____ Date: _____
(Foster Parent)

For: _____ _____
(Child) (Case Worker/Probation Officer)

INSTRUCTIONS FOR CLOTHING PURCHASES:

1. DETERMINE WHAT CLOTHING IS NEEDED. MAKE A LIST OF EXISTING USABLE CLOTHING AND COMPARE WITH LIST ON THIS SHEET. ENTER ITEMS LACKING ABOVE.

2. DETERMINE AN ESTIMATED COST FOR ITEMS NEEDED AND ENTER FOR EACH ITEM LISTED ABOVE. (PRE-SHOP IS NOT REQUESTED BUT AMOUNTS NEED TO BE REASONABLE).

3. GIVE COMPLETED FORM TO SOCIAL WORKER WITH A REQUEST FOR CLOTHING AUTHORIZATION.

4. MAKE A SEPARATE CLOTHING REQUEST FOR EACH CHILD.

5. LIST EACH ITEM OF CLOTHING SEPARATELY.

6. DO NOT EXCEED $250.00 FOR EACH CHILD.

NOTE: A clothing allowance is not automatically issued. The initial clothing purchase is based on need as established by the clothing inventory. Future clothing needs are to be met from the foster case payments and child is expected to leave placement with a full inventory of clothing. If a child does not come to subsequent placements with adequate clothing, special needs funds must be requested.

Page 2 of 2

Form 06-9714 CPS 4/89

ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES
DIVISION OF FAMILY & YOUTH SERVICES

Name: _____

PLACEMENT PLAN

Reasons for Placement:

Short range goals:

NOTE: Services to foster parents must be addressed.

Need #1: _____
Goal: _____
Who is responsible: _____

Need #2: _____
Goal: _____
Who is responsible: _____

Need #3: _____
Goal: _____
Who is responsible: _____

Need #4: _____
Goal: _____
Who is responsible: _____

Discharge: It is anticipated that the youth will be in placement for _____ days/months and at discharge will be placed with _____, if possible.
Current/Last school attended: _____

VISITATION PLAN

Mother:
Frequency: _____ Location: _____
Duration: _____ Supervised by: _____
Transportation of children provided by: _____
If no visitation, explain: _____

Father:
Frequency: _____ Location: _____
Duration: _____ Supervised by: _____
Transportation of children provided by: _____
If no visitation, explain: _____

Others:
Frequency: _____ Location: _____
Duration: _____ Supervised by: _____
Transportation of children provided by: _____
Comments: _____

I/We have received and reviewed a copy of the Placement Plan.

_____ _____ _____ _____
Signature of Foster Parent(s) Date Signature of Foster Parent(s) Date

_____ _____
Signature of Social Worker/Probation Officer Date

Distribution: White - Case File
Canary - Foster Parents

Form 06-9715 CPS (4/89)

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF FAMILY AND YOUTH SERVICES

CONSENT
FOR EMERGENCY AND ROUTINE
MEDICAL CARE

_____ is hereby authorized to give permission for
(Substitute Care Provider)
_____, DOB: _____, to receive
(Child's Name)
emergency major medical care and routine medical care, including check-ups, immunizations and/or treatment for minor illnesses and accidents.

NOTE: When there is an emergency requiring major medical care, whenever possible the parent should be contacted to give consent. If the parent is unavailable to consent to emergency major medical care it is the substitute care provider's obligation to immediately inform the Division of any emergency requiring major medical care, including any form of surgery or use of general anesthesia, so that the child's parents or the court can be informed. Consent for Non-Emergency major medical care must be obtained from the parents or the court before the care may be provided.

If practical, the following medical providers should be used:

1. Doctor: _____

2. Hospital: _____

Child's allergies, including drugs, if known: _____

This child is covered by medical insurance policy # _____

issued by _____ Insurance Company.

( ) Medicaid has been applied for. Until approval is received, please forward medical bill directly to the social worker at _____
(Address)
for processing through special funds.

STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

By: _____
(State Representative)

Dated this _____ day of _____, 19 ____.

Authority: AS 47.10.084
AS 47.10.230
AS 47.35.030

Distribution: Original Care Provider
Copy, DFYS Case File

06-9716 CPS 4/89

Alaska Department of Health and Social Services
Division of Family and Youth Services

AUTHORITY TO TRANSPORT A MINOR

and

ARRANGE FOR EMERGENCY MEDICAL CARE

1. Authority to Transport:
This is to certify that: _____
(first name) (middle name or initial) (last name)

Address: _____
(street & no.) (city) (state) (zip code)

is authorized to take into custody and transport _____

_____, DOB: _____, from _____

to _____ at _____, on or about
(full address) (city) (state)

_____.
(approximate date of travel)

_____ was committed under the provisions of
A.S. 47.10.080 or A.S. 47.10.142 as amended, to the care and custody of the
Alaska Department of Health and Social Services on _____.
(date on Court Order)

2. Authority to Arrange or Pay for Emergency Medical Care:
In view of the statute A.S. 47.10.084 which provides for the Department of Health and Social Services to give consent for emergency medical, dental, or surgical care for this child, the Department hereby gives this consent and agrees to pay reasonable costs.

_____
Social Worker

_____
Regional Social Services Manager

_____
Date

Distribution: Original - care provider
Canary - case file

06-9717 CPS 4/89

STATE OF ALASKA
DIVISION OF FAMILY AND YOUTH SERVICES
YOUTH SERVICES SECTION
CONSENT FOR EMERGENCY MEDICAL OR SURGICAL CARE

This authorizes _____
(Name of substitute care provider)
to give permission to any doctor, nurse, or hospital to provide

emergency medical or surgical care for _____.
(Name of child)

_____, _____,
(Name of financially responsible party) (Relationship to child)

whose address is _____,
is responsible for the cost of medical services. The provider should be requested to sent the bill to that party. This child is covered by

medical insurance policy # _____ issued by _____

Company. This child has been determined to be eligible for Medicaid.
____yes ____no ____application pending or not filed

If practical the following medical providers should be used:

1. Doctor _____

2. Hospital _____

_____ _____
Witness Signature

_____ _____
Date Title or Relationship

_____
Date

****

Child's allergies including drugs, if known: _____

_____

_____

_____

Authority AS 47.35.030
YS sub for 06-9009
10/85

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF FAMILY AND YOUTH SERVICES

REQUEST FOR SPECIAL FUNDS

Region/PCN: __ __ __ / __ __ __

_____ DOB ___/___/___ _____
Child's Name (mo day yr) Case Number (Form 1 Green)

Specific Need: _____

_____

_____

Total Cost: $ _____

Scheduled Payments:
Amount: $ _____ per payment

No. of Payments: _____

[ ] Day [ ] Week [ ] Month

Period Covered From: ___/___/___ (mo day yr)
To: ___/___/___ (mo day yr)

Payee Name: _____

Address: _____

_____

Vendor Number: _____ (Form 1 Blue)

NOTE: Approval cannot extend from one fiscal year into the next. New requests must be submitted for services which carry over from June into July.

JUSTIFICATION:

_____ _____
Social Services Worker Date

_____ _____
Social Services Supervisor Date

_____ _____
RSSM or Designee Date

If over $1,000, State Office approval required.

_____ _____
State Office Signature Date

/__/ Approved

/__/ Not Approved: _____

If the service request was initiated by foster parent, a copy indicating decision was forwarded to the foster parent on:
Date: ___/___/___.
(mo day yr)

Form 06-9031 (Rev. 10/85) CPS

STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF FAMILY AND YOUTH SERVICES

FOSTER PARENT REPORT OF STOLEN/DAMAGED
PROPERTY OR PERSONAL INJURY

Foster Parent(s) Name: _____

Address: _____

Phone: _____ License No.: _____

COMPLETE DESCRIPTION OF DAMAGED/STOLEN PROPERTY OR NATURE OF INJURY:

LOCATION AT TIME OF INCIDENT: _____
DATE AND TIME OF LOSS/INJURY OR FIRST INDICATION ITEM(S) MISSING/DAMAGED:

_____
CIRCUMSTANCES:

POLICE WERE NOTIFIED: DATE _____ TIME _____
(The police must be notified of incidents of theft or personal injury.)
NAME OF POLICE DEPARTMENT: _____
POLICE REPORT NO.: _____
POSSIBLE SOURCES OF INFORMATION (List Names and Addresses of Witnesses):

NAME OF FOSTER CHILD RESPONSIBLE: _____

NAME OF CHILD'S CASE WORKER/PROBATION OFFICER: _____

HOW WAS IT DETERMINED THAT THIS CHILD IS RESPONSIBLE?

NAME OF DIVISION EMPLOYEE TO WHOM INCIDENT FIRST REPORTED: _____

OFFICE LOCATION: _____ DATE REPORTED _____

PRECAUTIONS TAKEN TO AVOID OR PREVENT LOSS/DAMAGE OR INJURY:

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

_____ _____
Foster Parent Signature Date

06-9440 (05/82)

INSTRUCTIONS FOR USE OF FORM 06-9440
"FOSTER PARENT REPORT OF STOLEN/DAMAGED
PROPERTY OR PERSONAL INJURY"

PURPOSE: This form is used to report a direct financial loss to a foster parent arising out of the following types of circumstances:

1. loss of foster parents' property or belongings not covered by insurance policies which was caused by a foster child placed by the Division of Family and Youth Services; or

2. physical injury to a member of the foster parents' household by a foster child which resulted in medical expenses not covered by other insurance policies.

Directions:

1. Foster parents must report the loss to the local law enforcement agency having jurisdiction in that area;

2. report the loss to the child's worker (probation officer) or the office which placed the child by means of this form. The loss must be reported within 72 hours of the occurrence; and

3. the report requires the foster parents to specify the exact nature of the loss or injury, as well as the circumstances, and to give notice to law enforcement. In addition, they must show evidence that it was determined that the foster child was responsible for the loss, and that the foster parents were providing adequate supervision and exercised reasonable precautions to prevent the occurrence.

ACTION ON REPORT:

Requests for reimbursement which are made as a result of a loss reported on this form are made by a worker using Form 06-3183, "Request for Special Needs Funds," and must receive approval from a regional manager if the expenditure is under $300, and additionally from the field administrator if over $300. No expenditure can be authorized prior to approval.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF FAMILY AND YOUTH SERVICES
AUGMENTED FOSTER CARE PLACEMENT AGREEMENT AND PLAN

Date:_____

Foster Home:_____ License No._____

Youth's Name:_____ Case No._____

We, the undersigned, agree that _____ will be placed in

the _____ foster home on _____198__. We understand that the youth has been initially assessed as requiring special care. We promise to do everything possible to help the youth and the youth's family to make this a successful experience. The foster parent(s) have read the findings of the youth's Level of Difficulty Assessment and agree to provide supervision and foster care services in conformance with Alaska Administrative Code Child Foster Home regulations 7AAC 50.310-.620 to meet the youth's identified needs and problems. The foster parents agree to participate in regular case review staffings with the placing worker, Foster Care Coordinator, youth and youth's parents to evaluate progress and review or modify the case plan. The foster parents also agree to attend regularly scheduled foster parent training meetings provided by the Division. This agreement and plan will be reviewed every three months to revise and/or evaluate progress on the plan.

The placing worker has provided the foster parents with all available and appropriate information on the background and needs of the youth necessary for effective care. The foster parents agree to respect that information about the youth, his/her family and keep it confidential except when disclosure is authorized by the Division. The foster parents agree to safeguard and maintain the youth's medical and school records and keep legible and accurate chronological log notes or journal entries concerning the youths behavior and progress while in foster care which will be shared with the placing worker.

The placing worker will immediately prepare and submit a Request for Augmented Care Rates. When an augmented rate is paid for a youth under the Augmented Foster Care Program for Youth With Special Behavior and Emotional Problems, the foster parents understand that they will not be eligible to claim Special Needs reimbursement for damages or loss under $250, or for hobby/recreational supplies and equipment for the foster child.

The foster parents agree not to provide foster care for other youth without specific consent of the Division of Family & Youth Services office which has made this placement.

The foster parents and the placing worker mutually agree to give each other at least five days notice if they believe that it is in the best interests of the youth or the foster parents for the youth to be discharged prior to the agreed-upon date.

The current agreed-upon initial placement plan is attached.

SIGNATURES:

Foster Parent(s)_____ Youth _____

Probation Officer_____ Parent _____

06-9469 (9/84)

DEPARTMENT OF HEALTH & SOCIAL SERVICES
Division of Family and Youth Services

[ ] Initial
[ ] Renewal

YOUTH CORRECTIONS CASE PLAN

YOUTH'S NAME: _____ DOB: _____ DATE: _____

PERMANENCY PLANNING GOAL THIS PERIOD:

___ Maintain in parental home
___ Return home
___ Independent living
___ Permanent placement with relatives/foster
___ Permanent foster; nonrelative
___ Adoption

SERVICES PROVIDED TO PREVENT OUT OF HOME PLACEMENT:

___ Individual Counseling ___ School and/or Work Monitoring ___ Day Treatment ___ Other: _____
___ Drug & Alcohol Screening ___ Drug & Alcohol Counseling ___ Family Counseling

Are preventative in-home services appropriate? ___ Yes ___ No, if No explain: _____

_____

_____

PLACEMENT TYPE: ___ Family Home ___ Relative Home ___ Foster Home ___ Residential Care ___ Other

PLACEMENT NAME: _____ Date of Placement: _____

Date of most recent removal from parental home: _____ Emergency removal? ___ Yes ___ No

REASON FOR OUT OF HOME PLACEMENT (IF APPLICABLE):

___ Out of Control Behavior ___ Family Relationships ___ Sexual Issues ___ Runaway ___ Stealing
___ Dependency ___ Assaultive Behavior ___ School Problems ___ Drug Abuse ___ Alcohol Abuse

Briefly explain why parental home placement is not possible: _____

_____

_____

This placement meets the requirement of least restrictive setting. ___ Yes ___ No
This placement is in close proximity to parental or relative home. ___ Yes ___ No

Why is this the best placement for the youth? _____

_____

_____

DISCHARGE: It is anticipated that the youth will be in this placement until _____ and at removal will be placed with _____ if possible.

Case to be reviewed on: ___/___/___ (not to exceed six (6) months from date of placement if used as IV-e plan).

SIGNATURES: I have read and understand this plan. Were Provided a Copy:

Youth: _____ Date: _____ ___ Yes ___ No

Parent: _____ Date: _____ ___ Yes ___ No

Care Provider: _____ Date: _____ ___ Yes ___ No

Probation Officer: _____ Date: _____ ___ Yes ___ No

Reviewed on _____ 198__, by _____; on _____ 198__, by _____; on _____ 198__, by _____.

Form 06-9536 (3/88) YC Part 1 Page __ of __

YOUTH'S NAME: _____ DATE: _____

SERVICES AND GOALS: Based on the Permanency Planning Goal and Risk/Need Assessment select the primary presenting issue of the youth. For each issue select several achievable short range objective(s) that will help resolve the issue. Each objective and action plan must include time frames for completion.

Presenting Issue:

Short Range Objectives:

Date Achieved: _____

Probationer Action Plan:

Caregiver/Parent Action Plan:

Officer Referral/Action Plan:

Form 06-9536 (3/88) YC Part 2

Page __ of __

Case Review Date _____

DEPARTMENT OF HEALTH & SOCIAL SERVICES
Division of Family & Youth Services
Youth Services Section
CASE REVIEW

Youth's Name: _____ D.O.B.: _____

Placement Type: ____ Foster Home ____ Residential Care ____ Shelter ____ Other

If placement has changed since last review, date of most recent placement: _____
Describe the appropriateness of placement in relation to least restrictive and close proximity to parental or relative home:

_____
_____
_____

Were parents notified of any changes in youth's location during the past review period. ___ Yes ___ No ___ N/A. If No, explain: _____

REASON FOR CONTINUED PLACEMENT:

___ Out of Control Behavior ___ Family Relationships ___ Sexual Issues ___ Runaway ___ Stealing
___ Dependency ___ Assaultive Behavior ___ School Problems ___ Drug Abuse ___ Alcohol Abuse

Briefly explain why youth continues to need out of home placement: _____
_____
_____
_____

Describe the extent of progress made toward alleviating or mitigating the causes necessitating placement: _____
_____
_____
_____

Describe the extent of compliance with the case plan: _____
_____
_____
_____

Project a date by which the youth is likely to achieve the permanency planning goals: _____
Case to be reviewed by ___/___/___ (not to exceed 6 months)
mo day yr

Case Review Participants:

		Attended:	
Care Provider:	_____	____ Yes	____ No
Probation Officer:	_____	____ Yes	____ No
* Review Committee Member:	_____	____ Yes	____ No
Youth:	_____	____ Yes	____ No
Parent:	_____	____ Yes	____ No
_____:	_____	____ Yes	____ No

Copies have been provided to the above parties by: _____

* The review committe member can not be responsible for the case management of, or delivery of services to, either the youth or the parents who are the subject of the review.

06-9535 8/87

Alaska Department of Health and Social Services
Division of Family and Youth Services

☐ EMERGENCY
☐ STANDARD

FOSTER CARE PLACEMENT AGREEMENT

I/We _____, foster parents, have today (Date)_____ received into our home(Name) _____ from the Alaska Division of Family and Youth Services. We will provide shelter, food, guidance and supervision. Emergency foster care rates will be paid only for emergency placements for thirty days or until the youth is removed whichever is less. Standard rates will be paid for all other non-specialized care and emergency placement after the first 30 days.

FOSTER PARENTS ARE AUTHORIZED TO GIVE CONSENT FOR EMERGENCY MEDICAL CARE AND TO AUTHORIZE DENTAL EXAMINATIONS AND ROUTINE MEDICAL CARE (NOT TO INCLUDE SURGERY). Medical and dental care will be funded through ___Medicaid, ___ANHS, ___Insurance, ___Special Funds or other_____ as specified.

In accepting this child for foster care, we agree to the following:

1. To cooperate with the Division in making and carrying out the treatment plan for the youth, including parental visitation, to allow a representative of the Division to visit our home and to see the youth whenever desired, and to maintain a level of care required by licensing standards.
2. To maintain confidentially regarding the youth, his/her problems and parentage or guardianship as required by Alaska Statute 47.35.060.
3. To complete the clothing inventory form and if necessary complete the clothing request and submit it to the probation officer.
4. To maintain the youths medical and dental records, and to provide for routine dental emamination and medical care (not to include surgery) in accordance with Youth Services Policys and Procedures.
5. To inform the probation officer of any runaway, law violation, violation of probation, serious illness, injury or accident.
6. To keep the probation officer informed of the youths general progress and or problems.
7. If removal of the youth is requested to give the Division two weeks notice if possible.
8. To make the youth available for appointments, court hearings and release to only those persons designated by the Division and upon proper identification.

The Division, in using this home for the placement of any youth, agrees to notify the foster parents at the earliest opportunity of any change to be made in the plans for the youth, to fulfill it's responsibilities for the terms agreed upon in placement of the youth and to provide information regarding the youths history and current status.

The expected duration of this placement is until _____.

☐ I/We have received a completed Emergency Medical Consent Form.
☐ I/we have received a copy of the youths Conditions of Probation or Conduct and/or Conditional Release and Promise To Appear.
☐ I/we have received a medical packet .
☐ I/We have received and reviewed the foster care placement plan (N/A for emergency).

_____ _____ _____ _____
Signature of Foster Parent Date Signature of Foster Parent Date

_____ _____
Signature of Probation Officer Date

Distribution: Original DFYS Case FILE
Copy Foster parents
Copy Foster Care Coordinator

SCRO-YS 01/87

Alaska Department of Health and Social Services
Division of Family and Youth Services

FOSTER CARE CLOTHING INVENTORY AND REQUEST FORM

ITEM	NO. OF ITEMS	CURRENT CLOTHING	NEEDED CLOTHING	PRICE EACH	TOTAL COST	DISCHARGE INVENTORY
Underwear Sox	7 sets 7 pair					
Nylons Bras	4 pair 4 each					
Shirts, Blouses, Tops	5 total					
Trousers, Pants, Skirts	3 total					
Dresses	1 each					
Street Shoes	1 pair					
Tennis Shoes	1 pair					
Winter Coat (If placed in Winter)	1 each					
Hat (Depending on season)	1 each					
Gloves (Depending on season)	1 each					
Boots - As appropriate for season	1 pair					
Robe or Pajamas	1 each					
Summer Jacket or Sweater	1 each					
Gym Clothes If enrolled in school	1 outfit					

Approximate total cost of all items needed: _____.

Requested by: Foster Parents _____ Date _____.

For: Youth _____ Probation Officer _____

Instructions:

1. Determine what clothing is needed.
2. Determine cost of clothing needed.
3. Give completed form to Probation Officer.
4. Make separate form for each youth.
5. Do not exceed $300.00 for each youth.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF FAMILY AND YOUTH SERVICES
YOUTH CORRECTIONS SECTIONS
PURCHASE AUTHORIZATION

NUMBER:_____

AUTHORIZED VENDOR:_____ DATE:_____

AUTHORIZED PURCHASER:_____

TYPE OF PURCHASE:_____CLOTHING_____

PURCHASED FOR:_____ CASE #_____

AMOUNT AUTHORIZED, NOT TO EXCEED: $_____

PLACEMENT:_____

REQUESTED BY:_____
PROBATION OFFICER

APPROVED BY:_____
PROBATION SUPERVISOR

INSTRUCTIONS TO VENDOR:

In order to speed your payment, please:

1. Send three copies of your itemized bill.
2. Our Authorization number MUST be indicated on your itemized bill in order to make payment. Payment will not be made for charges in excess of authorization.
3. Mail the billing packet to:

Division of Family & Youth Services
Youth Corrections
550 West 8th Avenue, Suite 304
Anchorage, Alaska 99501

Telephone: 265-5090
Extension: 369

If all these steps are followed, your bill will be processed the same day we receive it.

DISTRIBUTION: Original and yellow copy - Vendor
Pink copy - Accounting Clerk
Goldenrod copy - Case file

Notes

Resources to Remember

Alaska foster parents have some ready resources they should keep in mind.

Talkline is an informational referral network operated by trained professional foster parents. The service, which is administered by the Fairbanks Resource Agency, and funded through the Division of Family and Youth Services, is available to all individuals who share in the care of others. **Talkline** is available as "a caring connection," to assist foster parents in times of difficulty. In the Fairbanks area, call 456-3395. Elsewhere in Alaska, call 1-800-478-3395, toll-free.

The **Alaska Foster Parent Training Center** is operated by Northwest Resource Associates under contract with the Division of Family and Youth Services. The center is responsible for conducting statewide foster parent training, maintaining an a circulating library of resource material for foster parents and developing new foster parenting courses, among other functions. The center is located at 1550 Gillam Way in Fairbanks. For courses being offered in your location or to access resource material, contact the center at 1-800-478-7307.

Professional Parenting is a Division of Family and Youth Services publication that provides timely news and information to foster parents, residential care facility staffers, division staff and others who work for the well-being of Alaska's children. The bimonthly (every two months) publication features such regular columns as *Training Notes, News from the Alaska Foster Parent Association* and *Regional Notes*. Every Alaska foster parent is on the mailing list for ***Professinal Parenting***. If you are not receiving it, or if you would like to comment on it or make suggestions related to it, please write:

Professional Parenting
DFYS
P.O. Box H-05
Juneau, AK 99811-0630

A Final Word

Alaska needs more good foster parents.

If you know someone who you believe would be a good foster parent, please encourage them to make a commitment to Alaska's children. Many of the state's best foster families were recruited by other foster parents.

A toll-free line is available for those who are interested in having more information about joining Alaska's foster care team. The number is 1-800-478-4444.